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CHILD WELFARE

IN

SYRACUSE, N. Y.

REPORT TO
CHILD WELFARE COMMITTEE
BY
LYDIA ALLEN DEVILBISS, M. D.
APPOINTED TO
UNITED STATES PUBLIC HEALTH SERVICE
WASHINGTON, D. C.

SYRACUSE, N. Y.
OCTOBER 1, 1919

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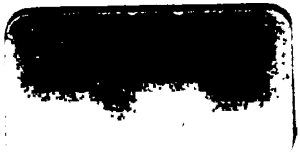

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Introduction

An Appreciation

A little girl of five and her mother stood watching a fire in a downtown business establishment. The flames had gained such headway that, in spite of the efforts of the fire department, the building and its contents were doomed. Turning to her mother, the little girl said, " Well, now I suppose we'll have to get together and help them out."

The little child had unconsciously phrased the spirit of the citizens of Syracuse.

There are few towns where there is such harmony existing between public and private agencies, and where the spirit of co-operation and good feeling is developed to such marked degree between organizations and individuals. It is this co-operative spirit, this willingness, even eagerness to work together, that is going to put Syracuse " over the top " in any social welfare work her citizens may undertake.

Syracuse is not a perfect city by any means, and its citizens understand this. They have troubles with poverty, congestion, ignorance, official stupidity and political log-rolling to vex them, as do other cities of the same size. But start something that is right and for the general good, and you can depend on the other fellows " to help out."

In the short time available for this Child Welfare Study in Syracuse many good things undoubtedly have been overlooked and others could not be done full justice. Syracuse has started many modern movements for children, but few of them are of sufficient proportion to reach more than a limited number of the children needing such opportunities. Syracuse can well keep on with all the good work the city is doing, *only do more of it.*

Acknowledgement of indebtedness is due officers of the U. S. Public Health Service, the State, County and City officials, and the officers and members of the Child Welfare Committee, who have contributed in many ways to this report.

LYDIA ALLEN DEVILBISS, M. D.

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II.

The Child Welfare Committee

Personnel

Mrs. Harold Ahlqvist.
Mrs. C. W. Andrews.
Dr. Theresa Bannon, *Director, Bureau of Child Hygiene, Department of Health.*
Miss Edith Barber, *Manager, Syracuse Home Bureau.*
Mrs. H. K. Brown.
Mrs. H. K. Chadwick, *Member of Board of Managers, Visiting Nurse Association.*
Mr. L. D. Dexter, *Commissioner of Charities.*
Mrs. A. H. Durston.
Dr. Arthur Foreman, *Instructor in Pediatrics, College of Medicine, Syracuse University; Assisting physician to children's service of Syracuse Memorial Hospital.*
Mrs. Minnie E. Freeman, *Executive Secretary, Onondaga County Tuberculosis Committee.*
Miss M. E. Hamson, *Welfare Worker for the Solvay Process Company.*
Mr. G. E. Hannett, *Milk Inspector, Department of Health.*
Miss Katherine C. Hatch, *Superintendent, Visiting Nurse Association.*
Mr. I. P. Hazard.
Mrs. M. H. Knapp, *Member of Board of Trustees, Syracuse Memorial Hospital.*
Mrs. P. S. Knapp, *Director, School of Home Economics, Syracuse University.*
Dr. Henry A. MacGruer, *Commissioner of Health.*
Dr. A. C. Mercer, *Professor of Pediatrics, College of Medicine, Syracuse University; attending physician to children's service of Syracuse Memorial Hospital; director of Free Dispensary clinics for diseases of children.*
Mrs. Nathan Miller.
Mrs. Joseph Palmer.
Dr. Joseph Palmer, *Health Director of Schools.*
Mrs. James Pass, *Member of Board of Trustees, Syracuse Memorial Hospital.*
Dr. Phillip S. Potter, *attending physician to children's service of Hospital of Good Shepherd; attending pediatrician of the children's department of Syracuse Free Dispensary.*
Mrs. E. L. Robertson, *Member of Board of Education.*
Mrs. C. H. Sanford, *Member of Board of Trustees, Syracuse Memorial Hospital.*
Dr. F. W. Sears, *Sanitary Supervisor, State Department of Health.*
Dr. A. C. Silverman, *Instructor in Physiology, College of Medicine, Syracuse University; assisting physician to children's service of Hospital of Good Shepherd; director of nutrition clinics, Jewish Cummunal Home.*
Mrs. Max Thalheimer, *Chief Probation Officer.*
Mrs. L. M. Whitwell.
Mrs. E. I. White, *Member of Board of Trustees, Syracuse Memorial Hospital*
Mrs. E. I. White.
Dr. Joseph R. Wiseman, *Professor of Clinical medicine, College of Medicine, Syracuse University; attending physician at St. Joseph's and Syracuse Memorial Hospitals; examining physician for Syracuse Day Nursery.*
Dr. E. J. Wynkoop, *Professor of Pediatrics, College of Medicine, Syracuse University; attending physician to children's service of Syracuse Memorial Hospital; head of Medical Staff of Onondaga Orphans' Home; attending pediatrician of the children's department of Syracuse Free Dispensary.*

OFFICERS

Mrs. E. C. Witherby.....*Chairman*
Mr. Almus Olver.....*Secretary-Treasurer*
Miss Tillie Winkelstein.....*Executive Secretary*

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Aim and Method

To co-operate with all existing agencies, municipal, governmental and private, interested in or doing any kind of child welfare work.

To undertake no work which is being cared for adequately by any other agency.

To initiate new and experimental work for child welfare.

To incorporate all undertakings of demonstrated value at the earliest possible moment into the proper civic bodies.

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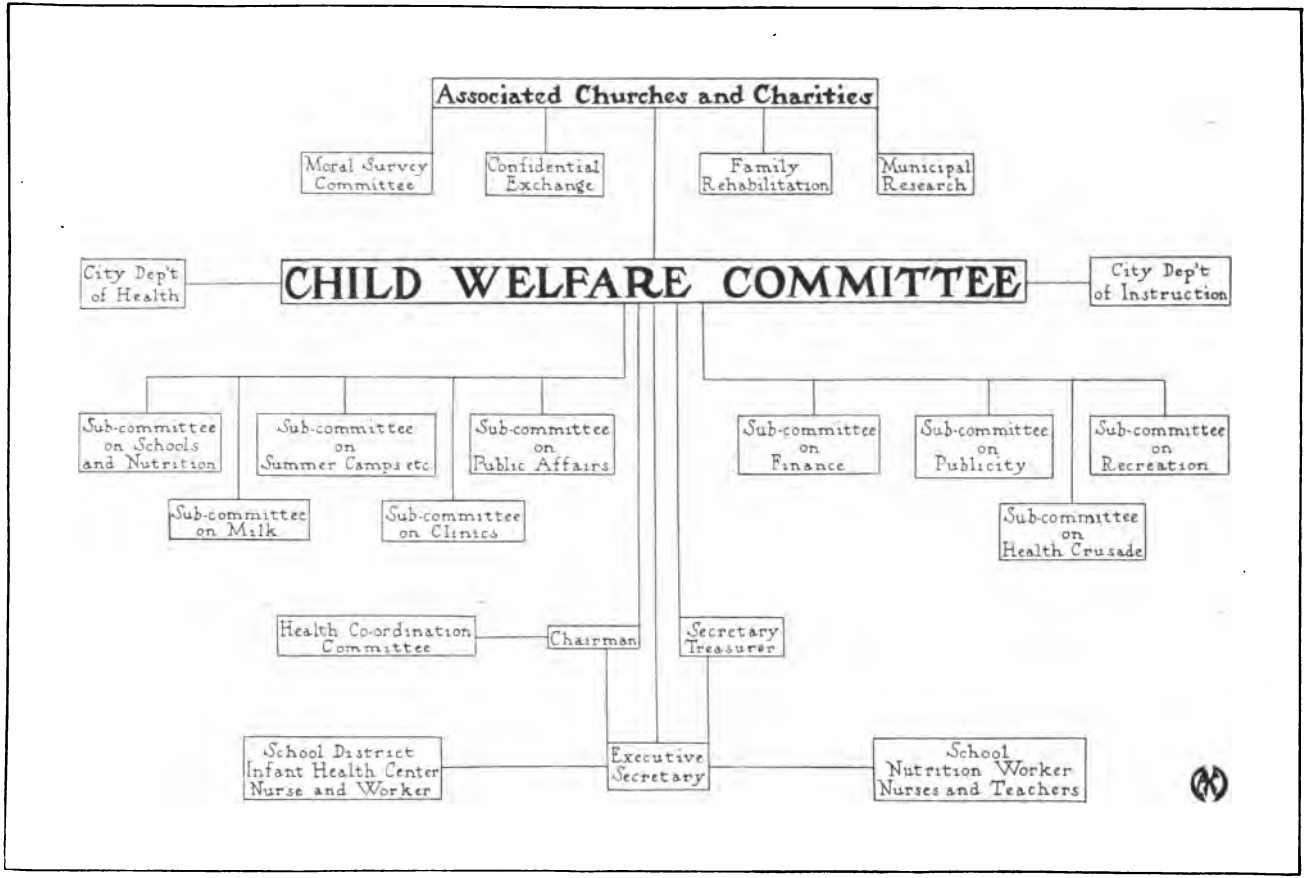

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Organization

The Child Welfare Committee grew out of the interest and activities of the Child Welfare Department, Women's Committee of the National Council of Defense. Combining forces with the Associated Churches and Charities, the Red Cross, the Visiting Nurse Association, the Onondaga County Tuberculosis Committee, the Public Health officials and numerous public and private organizations interested in children, it constitutes an unusually strong force which will be a powerful factor in reaching the community and in improving the health and the welfare of the children of Syracuse.

It is impracticable to outline on paper a complete organization for doing an extensive piece of work extending over considerable territory and continuing for a period of years. The outline presented herewith (see page 6) is capable of indefinite expansion or contraction and may be adapted to almost any purposes.

The Child Welfare Committee constitutes the administrative group. Instead of standing committees, committees are appointed as the need for their services arises. Committees on Schools and Nutrition work, Montgomery School and Summer Camp, Milk, Clinics, Finance, Public Affairs, Publicity, Health Crusade, Recreation and Playgrounds, have already been appointed. Others will be appointed as they are needed.

Officers of the Child Welfare Committee are Chairman, Secretary-Treasurer, who with the Executive Secretary constitute the Executive Committee.

The Executive Secretary works in close co-operation with the Health Co-ordination Committee furthered by the State and Municipal Departments of Health, especially through their chairman on Child Welfare, and in the various districts, with the doctors, nurses, helpers and all others interested.

The school district was chosen as a unit for child welfare work because the boundaries are established and known; it contains a workable number of population; and the school house is the natural and logical center of social or community activities. Each school district will, as soon as possible, be supplied with at least one nurse for child welfare purposes, utilizing and co-ordinating the services of all nurses, whether supplied by the Board of Health, School Board, Visiting Nurse Association or directly by the Child Welfare Committee. The aim in nursing service will be co-operation, and not duplication or overlapping of work which is being carried out by any other agency. As soon as it may be done, it

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is hoped to have a nurse available for a Health Center in each school district.

But the establishment of an Infant Welfare Station and the employment of a nurse will not secure the success of the station. Obviously the nurse cannot make a practice of visiting the homes and urging the mothers to bring their babies, except incidentally to her other calls. To do so would put the nurse in the position of soliciting patients, and it is not an economical procedure to employ a trained nurse for work which may be done by a lay worker, especially in these times when the demand for trained nurses so far exceeds the supply.

In addition to the nurse at the Health Center there should be a helper. In districts largely peopled by the foreign born, a worker of the same nationality is indispensable. Already the Child Welfare Committee has an Italian worker in the Townsend school district, and a Polish worker in the Vocational High School district. Both of these workers are attaining excellent results.

In a district where Americans predominate and where the social instincts are highly developed, an adaptation of the Block Representative Plan is highly desirable. The plan as perfected by the Social Unit Organization in the Mohawk-Brighton district of Cincinnati, divides the school district into convenient blocks. These include the homes on both sides of a street for a convenient distance. The Block Representatives may be appointed by the Nurse or Helper or, what is more to be desired, they can be regularly elected by the people of the Block. These Block Representatives may organize into a School District Council. They are sure to know the sentiments and the opinions of the people in their district, and in the establishment of any new departure in child welfare work their expressions of opinion and counsel would be invaluable.

The Block Representative performs a variety of services which one helper alone in a district could hardly accomplish. Among other things she:

1. Enrolls all the new babies of her block at the Infant Welfare Station and encourages their regular attendance.

2. Knows the expectant mothers and obtains for them nursing prenatal supervision and other service as needed.

3. Locates each case of contagious disease among the children and obtains the necessary quarantine promptly, thus preventing its spread.

4. Collects such additional information concerning her district as may be needed by any proper authority.

5. Locates the cases of truancy, poverty, neglect, or delinquency of children and their parents and brings the proper agency to their assistance.

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6. Locates homes for boarding children and for homeless children and visits them under direction of the placing agency.

7. Distributes educational literature regularly to the homes and in many other ways serves the best interests of the children of her block. Incidentally she gains a wide knowledge and experience in the social problems of child welfare.

The Social Unit Organization found invaluable a further organization of the district called the Vocational Council. The doctors, nurses, business men and other vocational groups of each district were organized, and questions relating to the welfare of the district were first referred to the particular group concerned for information and counsel before action was taken in the matter. For example, if there is a school health problem, what would be more natural than to call all the doctors of the district together to determine what is the quickest and easiest way to remedy it? If it is a milk problem, the dairymen and milk dealers undoubtedly have first hand information. At any rate their side of the story should be heard, and taken into consideration in the solution. And so through an infinite variety of problems that are likely to arise in any district, it seems practicable to call into council that group of persons who are in the business or profession affected by it, or most closely associated with it. This council of practical business and professional men and women who are actually "doing the thing" will be invaluable and will effectually balance the program of theory alone. With practice and theory working together, many problems will be solved which hitherto have been left to chance with resulting confusion and inefficiency.

Many problems are of such a nature as to require the combined best efforts of several groups. Such groups when coming together in a problem in which they are naturally interested, form what is in effect a district co-ordination committee. This co-ordination committee may be city wide if the need or occasion for it presents itself. These co-ordination committees serve another end which is scarcely less valuable than the first purpose. No group of men can come together in an effort to settle a mutual problem without giving and taking of opinions and experience, and each may leave the meeting the richer for the contact. It also serves to stimulate their interest in other problems of the community and to arouse a desire to be of assistance. This is the beginning of the awakening of a social consciousness which needs only to become general in order to improve every condition vexing to man.

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Program

It would be impracticable to outline a definite sequence of program extending over a period of years. The sequence must be a matter of development and growth, beginning with the problem nearest at hand and extending in each direction as rapidly as time, funds and opportunity permit.

*No program for child welfare will be satisfactory which does not take into consideration the different requirements of children at various age periods. A comprehensive program must include provision for the following:

1. Safeguarding the health of the expectant mother.
2. Providing expert obstetrical and nursing care for the confinement.
3. Securing the accurate and prompt registration of all births.
4. Supervision of the health of the child and his environment during infancy and the pre-school age, and the control of all conditions harmful to the health of children.
5. Supervision of the health of the school child, including sanitary school premises, the teaching of hygiene, and the periodical inspection and correction of health defects.
6. Safeguarding of the health of children in industry.
7. Special care adapted to the needs of the crippled, defective and dependent child, and control of the physically and mentally unfit.

Finance and Publicity

In the sequence of program there are two important factors to be considered. One is finance and the other is the relationship established with the public, both depending largely upon the educational methods employed and the publicity.

FINANCE

"Every tub should stand upon its own bottom" is an old adage which is sometimes overlooked in welfare work. The exceptions to this are experimental work, projects which are paid for out of the public treasury and relief work. The work of the Child Welfare Committee has been, up to the present time, largely experimental in character. As such it has received the most generous support from a group of men and women interested in children's problems. The committee will continue to need this support for some time to come. But an organization for child welfare which will reach a majority of the homes of the city and which proposes to give every such home a voice, should provide that eventually

*Adapted from Plans of the United States Health Service, Dr. Taliaferro Clark.

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every such home be given an opportunity to pay for or to contribute to the improvement of the children of the home and the neighborhood. A weekly contribution for child welfare from many homes, even though each in itself is small, will help to keep the finances on the right basis.

The principal expenses incurred in carrying out a program for child welfare are salaries of nurses and helpers, equipment and maintenance of infant welfare stations and health centers, and educational literature and publicity. In districts where the block representative system is adopted, there should be an allowance for expense to cover carfare, telephone calls, postage, and occasionally the hiring of a laundress or caretaker. Most of these volunteer workers can spare a few hours a week from their households to distribute literature, attend conferences, take new babies and their mothers to the Infant Welfare Stations, and answer calls for information and assistance, but few of them can afford even the small items of expense connected with this work.

Educational Program

Literature on almost every subject pertaining to child welfare may be obtained from the State Department of Health, the Children's Bureau, the United States Public Health Service and numerous private organizations. The literature should be frequently and methodically distributed by the nurses, helpers and block representatives in the homes and at meetings. Special attention should be paid to the needs and the desires of a given district in the selection of this literature.

In the presence of an epidemic such as the influenza which visited the city last fall, what an advantage it would have been to have had an organization which could in one day place in practically every home in the city an explanatory pamphlet from the Board of Health telling how to recognize an impending attack, how to care for the sick, and how to avoid infecting others. Such a procedure would doubtless have saved many cases of sickness and probably many lives. Applications of this principle of literature distribution are innumerable. Once a week is not too often to distribute literature on some subject associated with child welfare, until all who will read shall have learned at least the elemental principles of saving the lives of their own children, and a little of the social significance of the problems of child welfare.

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Exhibits and Poster Contests

The exhibit method has been largely utilized in child welfare compaigns. But a great deal more is gained if the exhibit is made in the neighborhood by the school children, or by the fathers and mothers themselves. A popular method to obtain widespread interest and very excellent exhibit material is to offer prize poster contests. These contests among school children should be directed by the Art Department to gain the greatest advantage.

Where these contests have been held, the ingenuity and originality displayed by the children has been a great surprise. Incidentally before he can portray, the child must know and feel. Then when he has completed his poster, the child knows that phase of the subject very well.

Lectures

Lectures are too well known to require comment. Whenever possible a course of lectures should be arranged with recognition for faithful attendance. The University of Syracuse would be of inestimable service in the matter of arranging lecture courses. Whenever possible, lectures on child health should be accompanied by a demonstration. The showing of children with correctable defects, before and after, will make a much greater impression than mere lectures on the subject. Contrary to any possible objection, children, if approached in the right manner, feel that to be singled out to be "lectured from" is a great honor, and judging from the experience of those who have been doing this work successfully there is no objection either on the part of the children or their parents. These lecture demonstrations can be productive of great results if carried out systematically.

Agitate, Educate, Legislate, Administrate

To Agitate

A report of the registrar of the number of deaths from bovine tuberculosis in the city last month wouldn't attract the attention of a corporal's guard. But the newspaper report of little Mary Black, who died of tuberculous meningitis contracted from milk from her father's own dairy (a recent happening in Syracuse), would catch and hold the attention of every lover of little children in the city, while every mother and father would have a momentary contraction of fear as they wondered whether or not the same danger threatened their little one.

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It is stories such as this that are necessary first to arouse the public interest in evils that need to be corrected. "To agitate" has served its purpose when it has interested people sufficiently so that they are asking, "What are we to do about it?"

To Educate

To presume that the average busy man or woman "knows about child welfare," what it means, what it comprises, what are its aims, purposes, methods, and ultimate results is to presume entirely too much. He doesn't know, but he is willing to learn, provided the information is brought to him in a form that is understandable, does not take too much of his time, and is reasonable in the light of his knowledge.

It is this education, of which there can scarcely be too much, and which needs to be pushed slowly, steadily, and unceasingly, that creates the force of public opinion. Public opinion is necessary for the next step.

To Legislate

One cannot go very far in work for children without appreciating the need for a new deal for the children in laws. In many avenues further progress is blocked. But legislation without public opinion is likely to be a dead letter on the statute books—unenforced and almost unenforceable.

To Administrate

"To pass a law about it," even with the support of public opinion, is not sufficient. The law and the machinery it creates must be administered and its practical application worked out.

The last word may be written in science, in art, in literature, but the problems of the child will begin anew with every generation. And until that last generation, there will be need to—

Agitate, Educate, Legislate, Administrate.

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III.

Child Mortality and Morbidity

Infant Mortality

The infant is the youngest and the most sensitive member of society. The sickness and death rate of infants, therefore, at once reflects any conditions which improve or which interfere with the normal health and life of the community. As conditions which make for a normal family and community life are improved the infant death rate *decreases.* When these normal conditions are disturbed by poor food, poor housing, epidemics, etc., the infant death rate *increases.*

The infant death rate is therefore considered to be the most sensitive index we possess to social welfare, and may be taken as the social welfare barometer of the community.

The term *infant mortality,* used technically, is the statement of the deaths of infants under one year of age in a given year in ratio to the 1,000 live births of the same year. The exact method of determining the infant mortality rate would require a study of the babies born in a given year who died before reaching their first birthday. But for practical purposes the infant mortality rate is determined by a comparison of the births and deaths for the same year. It will be seen that there are two principal factors determining the infant mortality rate for a given year—the number of births and the number of deaths under one year of age.

Still births ordinarily are not included in computing the infant mortality rate, but they must be taken into consideration in computing the total deaths of infants.

TABLE I.

*COMPARISON OF THE INFANT MORTALITY RATE FOR SYRACUSE WITH PRINCIPAL CITIES OF NEW YORK STATE

Average for Four Years

	1911-15	1916	1917	1918
Syracuse	124.5	98.9	101.9	117.4
New York City	102.2	93.1	88.8	91.7
Buffalo	123.3	113.9	103.7	121.5
Rochester	93.4	86.0	84.0	93.4
Utica	....	110.2	100.5	121.2
Albany	....	96.9	103.2	107.4

**Report of the New York Milk Committee.*

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TABLE II.

*COMPARISON OF INFANT MORTALITY RATE FOR CITY OF SYRACUSE WITH CITIES OF APPROXIMATELY 150,000 IN THE UNITED STATES

Average for Four Years

	1911-15	1916	1917	1918
Syracuse	124.5	98.9	101.9	117.4
Atlanta, Ga	147.4	117.5	147.5	125.4
Oakland, Cal	103.1	65.1	70.9	72.7
New Haven, Conn	96.2	89.4	83.3	89.5
Birmingham, Ala	124.1	110.8	147.5	133.5
Memphis, Tenn	....	116.8	145.7	145.0
Scranton, Pa	123.7	85.9	144.6	144.3

**Report of New York Milk Committee.*

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TABLE III.

DEATHS UNDER ONE YEAR OF AGE BY PRINCIPAL CAUSES AND BY AGE PERIODS FOR THE CITY OF SYRACUSE FOR FOUR YEARS, 1915-1918 INCLUSIVE

CAUSES	Total	Less than one day	One day	Two days	Three to six days	Less than one week	One week	Two weeks	Three weeks, but less than one month	Less than one month	One month	Two months	Three to five months	Six to eight months	Nine to eleven months
All Causes	1672	275	74	55	100	504	91	83	63	741	173	142	257	190	169
Measles	22	..	..	..	..	..	..	..	..	..	..	..	3	6	13
Scarlet fever	3	..	..	..	..	..	..	..	..	..	1	..	..	1	1
Whooping cough	33	..	..	..	..	..	..	1	1	..	4	1	9	7	10
Diphtheria and croup	8	..	..	..	..	..	..	..	..	..	1	2	1	..	4
Influenza	39	1	..	..	..	..	..	1	1	..	1	2	11	9	13
Erysipelas	6	..	..	..	..	..	..	2	..	..	1	..	..	2	1
Tuberculosis of the lungs	4	..	..	..	..	..	..	..	..	..	..	..	1	2	1
Tuberculous meningitis	12	..	..	..	..	..	..	..	..	..	..	3	1	3	5
Other forms of tuberculosis	2	..	..	..	..	..	1	..	..	..	..	..	..	1	..
Syphilis	35	1	..	..	..	..	4	3	2	..	8	4	9	2	2
Meningitis	13	..	..	..	1	..	1	..	..	..	3	1	4	2	1
Convulsions	30	2	2	5	5	..	4	1	..	..	2	..	5	2	2
Organic diseases of the heart	30	4	3	2	3	..	..	1	7	..	2	7	1	..	..
Acute bronchitis	37	..	..	..	2	..	1	2	2	..	8	3	8	2	9
Pneumonia	45	..	1	..	4	..	2	1	1	..	3	5	6	8	14
Broncho-pneumonia	163	1	2	2	4		5	6	6		22	17	38	36	24
Diseases of the stomach	3	..	..	..	1	..	..	..	..	..	1	..	1	..	..
Diarrhea and enteritis	411	..	..	..	2	..	10	19	13	..	52	54	120	85	56
Malformations	50	9	7	3	10	..	5	5	5	..	2	2	1	..	1
Premature birth	383	192	36	21	28	..	36	22	15	..	21	8	3	1	..
Congenital debility	19	2	1	4	2	..	1	..	..	..	4	2	2	1	..
Injuries of birth	27	12	6	..	6	..	2	..	..	..	1	..	..	..	..
External causes	15	..	1	1	1	..	2	1	1	..	4	4	..	..	..
Diseases ill-defined or unknown	40	5	3	2	3	..	2	4	1	..	5	7	6	2	..
All other causes	242	46	12	15	28	..	15	14	8	..	27	20	27	18	12

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A glance at table III shows that the greatest proportion of deaths under one month of age are caused by prenatal conditions—malformations, premature birth and congenital debility. After one month of age, one of the greatest causes of death is gastro enteritis, to which prenatal conditions may be contributory if the infant is born with below normal vitality. The other large cause is broncho-pneumonia. This disease is never a primary condition but is always secondary following principally severe colds, measles and whooping cough. It demonstrates the high degree of fatality of acute diseases in infants and the necessity for protecting babies from acute infectious diseases at least until they are older and their powers of resistance increased.

TABLE IV.

INFANT MORTALITY RATE FOR CITY OF SYRACUSE FOR FOUR YEARS, 1915-1918 INCLUSIVE

Year	1915	1916	1917	1918
Total number of live births	3,577	3,862	4,201	4,353
Number of deaths under one year of age	350	382	429	511
Infant mortality rate	97.8	98.9	102	*117.4

*Inclusive of influenza.

TABLE V.

DEATHS UNDER ONE YEAR OF AGE FOR THE CITY OF SYRACUSE FOR FOUR YEARS, 1915-1918 INCLUSIVE

	1915	1916	1917	1918
Number of deaths under one year of age	350	382	429	511
Number of still births	175	196	167	213
Total number of deaths under one year of age, all causes	525	578	596	724

Total average number of deaths under one year of age, all causes.....606

TABLE VI.

NUMBER OF DEATHS DUE TO PRENATAL CAUSES COMPARED WITH THE TOTAL NUMBER OF DEATHS UNDER ONE YEAR OF AGE FOR THE CITY OF SYRACUSE FOR FOUR YEARS, 1915-1918 INCLUSIVE

	1915	1916	1917	1918
Congenital malformations, debility and premature birth	162	166	189	199
Still births	175	196	167	213
Total due to prenatal causes	337	362	356	412
Number of deaths due to all other causes	188	216	240	312

Total average number of deaths due to prenatal causes.....367
Total average number of deaths due to all other causes 239

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For the four years inclusive, 1915-1918, there was a yearly average of 606 baby deaths from all causes, 239 of which were due to causes not directly attributed to prenatal conditions. For the same period there was a yearly average of 367 deaths directly charged to prenatal causes. These deaths were the result of inheritance, or disease in the parents, or of lack of proper care of the mother before or at the time the baby was born. *In other words, 60 per cent of the babies who die in Syracuse under the age of one year never had a chance to live.*

Of all baby deaths due to prenatal conditions, syphilis is by far the one greatest cause. Among other causes are overwork and ill health of the mother and lack of proper prenatal and obstetrical medical supervision.

These figures, large as they are, do not take into consideration the additional large numbers of babies' lives lost through abortions and miscarriages. As to the causes of this large number of uncounted deaths, the following is quoted from what are perhaps the greatest medical authorities in the world.

Sir Wm. Osler writes in *The Lancet,* May 28th, 1917:

> The stillbirths are at last to be numbered. Until now they have remained the " hidden untimely births," to use the language of Job.
>
> We know that syphilis is perhaps the most common cause of abortion and that in examinations which have been made in large maternity hospitals more than 25% of the stillborn have been found to be infected.
>
> Johns Hopkins gives by far the most satisfactory information. Of the first 100,000 cases in their clinic, there were 705 foetal deaths—i. e., from the seventh month on—7.05%. In all cases the placenta was examined as well as the foetus. By far and away the most common etiological factor in producing the death of the foetus was syphilis.
>
> The small but very thoroughly worked out details of 500 cases by Dr. Slemons of Yale Medical School gives 26%. Our investigations in London give a lower figure. A 20% estimate would, I think, be reasonable.

This loss of babies' lives represents an enormous waste. In dollars and cents alone it merits attention. Allowing an average minimum of $50.00 each for these non-productive confinements, it represents an outlay of thousands of dollars. But the loss in money is the smallest item. It is not possible to estimate the loss in suffering to the mother, and the frequent resulting loss of health and even of life.

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Deaths of Mothers from Diseases and Accidents of Pregnancy and Labor

The Bureau of Census Mortality Statistics reports that among women of child bearing age, 15 to 44, the second largest cause of death is disease and accidents of pregnancy and labor. Tuberculosis is given as the first cause of death. It is difficult to estimate to what extent childbearing influences the death rate from tuberculosis, but it is known that the tuberculous woman assumes a much greater risk in pregnancy.

Dr. Grace Meigs, "Maternal Mortality":

> The reports of the U. S. Bureau of Census show that for the period 1900-1913 inclusive the death rate from diseases and accidents of pregnancy and labor per 100,000 population was 15.5.
>
> But a death rate for diseases and accidents of pregnancy and labor computed this way obviously gives a very misleading impression with regard to a disease to which only one group of the population is liable. In computing the death rate due to the diseases connected with childbirth, only women of childbearing age should be considered, or, better still, only women actually bearing children in a given year.
>
> Such a rate, which is a more accurate one, can be computed for the registration area for only one year, the census year of 1900. For that year only has the age and sex distribution been published. The number of women 15 to 44 years of age in the registration area in that year was 7,383,154. The number of deaths from childbirth among women 15 to 44 years of age was 3,712. The death rate, therefore, per 100,000 women of childbearing age, from childbirth and all diseases caused by pregnancy and confinement was 50.3.
>
> The most remarkable fact about this extremely high death rate from accidents and diseases of pregnancy and labor, most of which are classed as preventable causes of death, is that *this rate has shown no appreciable decrease in the United States from 1900 to 1913*. During this period of 13 years the death rate from typhoid fever has been cut in half; the death rate from diphtheria has been reduced to less than one-half; and the death rate from many other diseases, including tuberculosis, has been markedly reduced.

NUMBER OF DEATHS FOR THE CITY OF SYRACUSE FROM DISEASES AND ACCIDENTS OF PREGNANCY (Including Death of Mothers from Abortions)

Year	1915	1916	1917	1918
Deaths	18	25	*30	24

For the City of Syracuse for the years 1915-1918 inclusive, the average number of deaths from accidents and diseases of preg-

*This increase was due mostly to albuminura and puerperal convulsions, a condition that can be prevented by proper prenatal supervision.

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nancy was 24. The death rate from these causes per 100,000 population is 16.24, which is slightly higher than for the rest of the registration area. (The estimated population of Syracuse is 161,404, U. S. Census Bureau, July 1, 1918.)

For the four-year period 1915-1918 the average number of live births in the city of Syracuse was 3,998. For the same period the average number of deaths of women from accidents and diseases of pregnancy and labor was 24 deaths per annum. The death rate of women due to accidents and diseases of pregnancy and labor per 1,000 live births was 6. This is a rate which compares favorably with cities of 100,000 population of the provisional birth registration area for 1910, U. S. Bureau of Census. There is a source of error in this computing the deaths of women per live births, as the same risk is assumed when a child is born dead.

The conclusion is that of every thousand women who give birth to a child in Syracuse, 6 face certain death from causes which are classed as almost wholly preventable. And of the annual average number of 606 mothers who give birth to a baby only to have it die before its first birthday, the larger number assumed this risk wholly unnecessarily. For the proper prenatal care and supervision would have saved most of these mothers' and babies' lives.

Principles of Reduction of Infant Mortality Rate

Birth Reports

Correct birth reports and birth certificates are becoming increasingly important. A certificate of birth now may be required to prove descent, to prove inheritance of property, to obtain a pension, to enter school, to obtain employment, to enter civil service, to establish ability to make contracts, to enter the professions, to join the army or navy, to marry, for court and for various other purposes.

The New York State law requires births to be reported within five days, and there is a penalty for refusing or neglecting to report them. However, birth reports are sometimes overlooked or forgotten. From various checkings with baptismal records, infant death certificates and other sources, the birth returns for the City of Syracuse are estimated to be 97 or 98 per cent complete. The city should not be satisfied with anything less than 100 per cent birth returns.

The five days that may elapse between the birth of a child and a possible visit by the nurse or health officer may be responsible

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for the loss of the baby's eyesight if "opthalmia neonatorum" (sore eyes of the newborn) develops, or it may be too late to save the life of the baby and sometimes that of the mother. In order to obviate this difficulty, in the absence of an amendment to the state law, one city of New York State furnishes each doctor and midwife with printed and stamped postal cards which are dropped into the mail immediately after the delivery. This is no task for the attendant and it enables the Board of Health to send a representative at once to the family. If no assistance is needed, no harm is done. But if there is anything unusual about either the mother or baby, the help comes in time.

Unfortunately the budget for health work in the City of Syracuse does not permit the employment of nurses for visiting the newborn. The state is sending to every child a mother's book, and recently it has prepared to furnish to every child an attractive birth certificate, which heretofore has been issued by the city only on application. So far as it is able to go, the state is doing a fine work. The city needs to be awakened to its duty in the matter. In the meantime, it is hoped that some private organization can take on this large but exceedingly important work of visiting at once every child born in Syracuse.*

Baby Health Centres

(Infant Welfare Stations)

A complete and prompt reporting of all births may somewhat reduce the infant mortality rate, and it is the necessary preliminary to the next step, which is post natal supervision. This supervision is accomplished either by visits by the public health nurse, or enrollment of babies in the Infant Welfare Station, or both. At the station, the child is regularly weighed and inspected and any departure from the normal at once promptly referred to medical attention.

*The 1920 budget of the Department of Health includes some provision for this work.

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MAP OF CITY OF SYRACUSE SHOWING DISTRIBUTION OF DEATHS OF INFANTS UNDER ONE YEAR OF AGE DURING THE YEAR 1918, AND THE LOCATION OF INFANT WELFARE STATIONS

Black dots indicate infant deaths
shown by arrows indicate infant welf

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The Child Welfare Committee has established six stations, in the Townsend, Vocational High, Delaware, Cleveland, Frazer and Emma Willard school buildings. It is hoped that as rapidly as possible the number of these stations will be extended so that one may be located in each school district, or subdivision, as is desirable according to population. The present plan of locating the stations according to the needs of the population is shown by the accompanying map on page 22.

Prenatal and Obstetrical Clinics

A glance at the principal causes of infant mortality will reveal that the Infant Welfare Station can reach only about half the total baby deaths and that the other half occur, or their cause is determined, weeks or months before the baby is born. For that reason the scope of the Infant Welfare Station must be extended to include more of the functions of a Health Center.

The next step in the reduction of the infant mortality rate is prenatal supervision of the expectant mother. Probably the simplest form of prenatal supervision is that of the regular attending doctor. But as the work for expectant mothers becomes better understood and appreciated, a department for expectant mothers or prenatal clinic may be established in connection with the Infant Welfare Station, at out patient departments of hospitals, and at other convenient locations.

Prenatal care is no longer an experiment. It has been demonstrated that prenatal care:

Reduces the baby deaths during the first year by at least one-half.

Reduces the number of stillbirths one-half.

Reduces the number of miscarriages and premature births.

Reduces greatly the sickness and deaths of the mothers—puerperal eclampsia and septicemia (convulsions and childbed fever) being reduced in one experiment 80 per cent.

Produces healthier babies of increased weight.

Produces a greater number of normal deliveries.

Increases the possibilities of the mother nursing her baby, thus giving the baby a better chance for its life.

Affords comfort to the baby, and peace of mind to the more or less sick and harrassed mother.

Makes possible a trained attendant at every childbirth.

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Obstetrical Service

The Infant Welfare Stations and the Prenatal Clinics, unless completed by an obstetrical service, leave a large gap through which mothers' and babies' lives may be lost. This necessitates the organization of obstetrical service, utilizing the hospitals, Free Dispensary, obstetricians, doctors doing obstetric practice, and the public health nursing association.

The Syracuse Free Dispensary, since its organization, has conducted a prenatal clinic and out patient obstetrical service, utilizing this service in the teaching of obstetrics in the medical college. As this institution is licensed under the State Board of Charities, it is effectually stopped from receiving pay patients, so this service is exclusively for indigents.

The fees charged for confinement by the established obstetrician are from $25.00 up. Added to this, the sum necessary for a trained nurse or the equivalent of the hospital, and the home helper to care for the home and the family during the incapacity of the mother readily causes the cost of confinement to mount up to a sum which only the well-to-do can afford. Between the well-to-do and the indigents is the large group with small incomes, who cannot possibly pay high prices and who on the other hand cannot accept alms. They must get along the best they can, and depend on the doctor's charity, or be at the mercy of the midwife.

An experiment which is being worked out in Boston in this connection will be watched with a great deal of interest. By organizing the obstetrical service of the city, it is planned to furnish a competent obstetrician for the delivery, a public health nurse for the nursing supervision and a helper to care for the home and family at a total cost not to exceed $35.00.

Syracuse is fortunate in her medical college, which each year turns out a number of young physicians, competent to practice obstetrics, and who until they are established in practice are willing to take obstetric cases for not more than the usual midwife fee. The nursing service is already organized, and with a little time and patience home helpers may be located and possibly given elements of training. All that remains is to organize an obstetrical service and to underwrite it, so that at the time it is needed, the patient from the prenatal clinic may have the expert service she needs with no trouble to herself and at the minimum cost.

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Scientific Direction of the Birth Rate

There yet remains one more factor in the reduction of the infant mortality rate to its lowest irreducible minimum, which is no less essential than prenatal and postnatal care, and that is a scientific direction of the birth rate. With some degree of certainty it can be predicted that offspring of some parents are not going to increase the healthy population, but on the contrary they are going to join the ranks of the incurables, and to increase the infant mortality rate. Among this class of potential parents are the syphilitic, the chronic alcoholic, the insane, the feebleminded and the considerable numbers of otherwise physically or mentally degenerate, or those possessing inheritable characteristics of a serious nature. The tuberculous mother should also be spared from bearing children both for the sake of the child and herself.

A much larger and more important group to be considered are the moderately well-to-do, self-respecting Americans who represent the solid backbone of our American population. These families want children. But they do not want them so rapidly as to interfere with the mother's health and to prevent her from bringing her babies into the world with the fullest measure of vitality with which she can endow them. Neither do they want children to come faster and in greater numbers than the family income can provide food, clothing, shelter and a decent amount of the comforts of life.

Yet in the face of this obvious justice, those who are interested in child welfare are debarred from encouraging voluntary parenthood, as prevention of conception is still included in the Federal Obscenity Law, and many state statutes are modeled after the federal. There is probably nothing in either the federal or state statutes that would prevent a physician from prescribing for his patient. But so long as the whole subject matter is under the ban of laws relating to obscenity and criminal abortion, the average individual is going to hesitate to be associated with what may be construed as an illegal or an unclean thing.

But in spite of severe laws against the dissemination of information preventing conception (the New York State law is perhaps the most severe in the United States, prohibiting even the giving of information orally) there has been a steady decline in the birth rate of the United States for a considerable period of time. This reduction in the birth rate has been severely selective, that is, it has operated mostly among our native American stock, especially among those who are socially and economically best fitted to rear large families. At the same time there has been no such appre-

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ciable decline in the birth rate among the very poor (extreme poverty is likely to be associated with degeneracy), and among the feebleminded, degenerate and other undesirable elements who are increasing at a rate faster than it is possible to build asylums, institutions and jails, or otherwise make provision for them. In other words, *there has been birth control with a vengeance.*

Making due allowance for those who fail to marry, for the marriages without children and for the baby deaths, the average American family needs to produce four children in order to maintain the present ratio of our American stock. Even the most casual observation of average American families shows a marked departure from this standard.

Louis T. Dublin:

"Statistically the proportion of native whites of native percentage decreased from 67.8 per cent of the whole in 1870 to 60.5 per cent in 1910. In the New England States the proportion of native white stock decreased from 52.3 per cent of the total in 1890 to 40.3 per cent in 1910. In the Middle Atlantic States the native white stock decreased from 51.8 per cent in 1890 to 44.5 per cent in 1910. It would seem that the best blood of America is being constantly thinned and is being replaced by stock of a different and undoubtedly lower order."

A comprehensive program for the reduction of the infant mortality rate as well as for this problem of Americanism would include:

1. Encouraging the reproduction of the fittest, by reconstructing, if necessary, our higher education for women and making it provide for a proper conception of and preparation for motherhood; and inculcating into our national educational life the ideal of a Greater American Race.

2. Providing practical means for carrying out the above, by municipal, state, or federal subsidies; if necessary providing expert prenatal, obstetrical and postnatal care for every mother; and the giving of scientific information from the medical profession to prospective parents so that the child may be born with due regard to the health and welfare of the parents, and that he may have the best opportunity for health, life and happiness.

3. Absolute control over procreation of the physically and mentally unfit by sterilization or by permanent custodial care.

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Child Mortality After the First Year

CHILD MORTALITY AFTER THE FIRST YEAR IN SYRACUSE FOR FOUR YEARS, 1915-1918 INCLUSIVE, BY CAUSES AND AGE PERIODS

Cause of Death	All deaths	One year	Two years	Three years	Four years	5-9 years	10-14 years	15-19 years
All causes	1125	336	134	91	63	198	123	180
Typhoid fever	10	..	1	..	..	2	4	3
Measles	48	22	7	9	4	5	1	..
Whooping cough	28	11	2	5	4	5	1	..
Scarlet fever	11	..	..	3	..	5	1	2
Diphtheria and croup	70	18	15	10	10	14	3	..
Influenza	104	27	17	8	8	16	6	22
Tuberculosis of the lungs	49	1	..	..	..	3	6	39
Tuberculous meningitis	47	10	6	6	5	11	6	3
Other forms of tuberculosis	13	2	1	..	..	3	1	6
Meningitis	37	6	11	2	2	4	8	4
Cancer and other malignant tumors	4	..	..	1	..	1	1	1
Cerebral hemorrhage and softening	1	..	..	..	..	..	1	..
Organic diseases of the heart	71	6	3	3	1	17	18	23
Acute bronchitis	19	9	2	..	..	6	1	1
Chronic bronchitis	2	..	..	1	..	..	..	1
Pneumonia	71	33	9	5	2	5	6	11
Bronchopneumonia	113	68	17	7	9	7	2	3
Diseases of the stomach	1	..	..	..	..	1	..	..
Diarrhea and enteritis	102	71	18	7	2	2	..	2
Appendicitis and typhlitis	22	..	..	..	1	6	4	11
Hernia, intestinal obstruction	7	1	..	..	1	2	1	2
Cirrhosis of the liver	2	..	..	1	..	1	..	..
Acute nephritis, Bright's disease	17	2	..	1	2	5	6	1
Puerperal septicemia	2	..	..	..	..	..	..	2
Violent deaths	124	13	9	10	5	35	29	23
Suicide	4	..	..	..	..	..	..	4
All other defined diseases	132	34	16	12	5	33	17	15
Unknown or ill-defined diseases	14	2	..	..	2	9	..	1

While the numbers contained in this table are small, yet they follow the same characteristics of figures obtained in investigations of larger groups and they serve to point out unerringly the line of action which must be taken to reduce deaths of children in Syracuse.

After a child has reached the age of three years, the deaths from gastro enteritis markedly decrease. This child is no longer dependent upon foods adapted only to very young children. He can better adapt himself to a more miscellaneous diet and to impurities in his food. But he still needs careful supervision as to his diet.

After the age of three, the deaths from acute infectious diseases also decrease, with the possible exception of the more serious infections like scarlet fever and typhoid. But the death rate from the commoner forms of children's diseases—whooping cough, measles

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and broncho pneumonia, which is the frequent fatal complication of measles and whooping cough—steadily decreases. This at once proves the fallacy of the old superstition that a child must have measles and the sooner he gets them over with the better. *Quite to the contrary, the longer he can avoid these diseases the better chance he has for surviving them.*

At the age of 5 to 9 years there is a sudden rise in deaths from organic diseases of the heart, and violent deaths, largely accidents. This is the time the child begins to go to school and to get away from the closer supervision of his mother.

The large number of violent deaths illustrates the necessity for habituating children to the practice of "safety first" and for a more effective effort to make the streets, buildings and environs of Syracuse as safe as possible a place for children. The large increase of deaths of school children from organic heart diseases demonstrates the necessity for the annual thorough examination *(stripped)* by a physician. Children with heart affections can be taught to avoid violent play and exercise.

Among the group of deaths occurring at the age period of 15 to 19 there is a sudden increase of deaths from tuberculosis of the lungs, the figure being 39 as compared with only 6 deaths in the age period of 10 to 14, and 3 in the previous periods. The form of tuberculosis in very young children is more likely to be tuberculous meningitis (a form of brain fever) or tuberculosis of the bones (spinal disease or hip-joint disease). Some of the experts in tuberculosis claim that most infections of tuberculosis are contracted before the age of two years and that it exists until the patient is sufficiently lowered in vitality so that it can develop and kill him.

Tuberculosis, unlike measles, or whooping cough, does not kill quickly. It is essentially a chronic disease and is estimated to have an average duration of four years or more. Therefore these children who die of tuberculosis during the age period of 15 to 19 years must have contracted the disease some years previously.

The contributing factors to the contraction and spread of tuberculosis are poor food, bad air, poor sanitation, over work and so on. *The connection between the hundreds of adolescent consumptives and the underfed and underweight school children, confined for the most part in overcrowded and poorly ventilated school rooms, many of them living in unsanitary homes, is only too obvious.*

The remedy is not to construct and maintain expensive sanatoria for the care of tuberculous children (except for those who have already been made victims of the disease) *but to multiply by ten*

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or twenty times the preventive health work now done for children of school age and under, and to improve the general conditions under which the children of Syracuse must be born and reared.

Common Diseases of Childhood

REPORTS OF CASES OF THE COMMONER DISEASES OF CHILDREN FOR ALL AGES, FOR THE CITY OF SYRACUSE, FOR THE FOUR-YEAR PERIOD 1915-1918

	1915	1916	1917	1918
Scarlet fever	76	186	769	452
Diphtheria	306	355	452	267
Measles	1,748	316	1,533	2,125
Chicken pox	145	129	140	121
Whooping cough	11	105	51	179
*Typhoid fever	75	45	36	42
Poliomyelitis	0	229	5	0
Cerebro spinal meningitis	1	0	4	3
Leprosy	0	0	2	0
Small pox	1	3	1	2
Tuberculosis	191	291	261	262

This report shows the number of cases of the commoner diseases of children which were reported to the City Department of Health. Such a common disease as mumps is very infrequently reported; pneumonia, also, is not at all fully reported and the records of it are very incomplete. Influenza was reported only during the epidemic of 1918, and then not at all fully.

It is highly probable that this report does not represent the total number of cases of diseases. However, the practice of the Department of Health in sending a physician immediately to investigate a reported case and the contacts, also to exclude the children from school on suspicion, is a very admirable arrangement for locating cases promptly and for taking the required quarantine precautions in the premises.

The comparatively large number of cases of measles reported deserves special mention. Unfortunately, measles is still regarded as a harmless disease. That this is a grave error will be seen from the number of deaths of young children from this disease and from broncho-pneumonia, which is its commonest fatal complication. See table on page 27.

So long as the disease is regarded as comparatively harmless, the health authorities will find difficulty in locating the cases, and more particularly in enforcing any kind of effective quarantine. It is an easy matter to enforce quarantine in the case of small-pox

*Typhoid fever not fully reported.

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for the public generally has a wholesome fear of this disease and is willing to give it a wide berth. But ordinarily children are permitted to run in and out of houses where there is measles, whooping cough or other children's disease. And whooping children or even those desquamating from scarlet fever are allowed to run freely in the neighborhood, are sent to school, and are taken into public conveyances. Yet the tables of deaths from children in Syracuse for the four-year period 1915-1918 show no deaths from small-pox as compared to 48 from measles, 11 from scarlet fever, 28 from whooping cough, and 113 from broncho-pneumonia as a complication of these diseases. (See page 27.)

To many people, quarantine still means something intensely disagreeable and an unnecessary hardship which is enforced upon them by an unsympathetic Department of Health, and which they are justified in violating provided they can do so without incurring the penalty of the law. Quite to the contrary, quarantine is only a modern application of the *golden rule*. A quarantine card on the house is a warning to the neighbor that there is a dangerous disease in the house and a friendly notice to keep themselves and their families out of the way of danger. It is nothing more or less than what a neighbor has a right to expect and what he should be willing to do if disease were in his house.

With a better understanding of quarantine and a more widely disseminated knowledge of the dangers of these common diseases of childhood, the case reports and the deaths from these diseases can be materially decreased in only one year's time, and in a few years virtually eliminated altogether.

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IV.

The Health of the School Child

The Modern Health Crusade

To make children want it is the secret of all effective health work in the schools.

Physiology lessons can be as dry as dust and as uninteresting as the moral law. The child is not interested in *how he is made, but in what he can do.* Show a child what he can do and how to do it and he will need no urging.

The Modern Health Crusade, promoted by the National Anti-Tuberculosis Association, makes health a fascinating game. There are ten health chores to do each day, counting for a total credit of 72. A score of 54 points for two weeks gives a rank of Page and the right to wear a Page's button. The rank of Squire is obtained three weeks after working as a Page—a total of five weeks. For Knight, five weeks after becoming Squire, a total of ten weeks is required. Knight Banneret requires five weeks more after becoming Knight—a total of fifteen weeks.

Fifteen weeks of correct health procedure for a child is pretty certain to firmly establish certain health habits. Just one generation of correct health habits—and disease, barring accidents, could no longer exist. That is a goal worth striving for.

The Modern Health Crusade serves the purpose of arousing interest in personal health admirably. But because of the amount of detail work required, some city school superintendents have found it simpler to present health and hygiene in daily class room instruction by the teacher. The time for the daily class room health instruction would seem to have been admirably provided for in the course of study in Syracuse.

From the 1916 and 1917 report of the Department of Public Instruction, Course of Study for Grades:

> Unassigned time is alloted to all grades. The daily health instruction by class room teachers, two to four minutes to be taken from unassigned time. All grades. Setting-up drills four daily, two minutes each—40 minutes weekly.

Teachers who would object to the extra chore entailed need to be reminded that the time they spend in the improvement of the health of school children is equivalent to time spent by the mechanic in sharpening his tools. The extra ease and speed with

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which the school work can be accomplished by children who have had the proper attention paid to their personal health and hygiene more than repays the effort.

In the presence of an epidemic, the daily inspection provided so admirably by the Modern Health Crusade, or the daily health instruction, is indispensable. The school nurse and physician can not be everywhere at once. The teacher who has the ability to function in the school room certainly ought to be able and willing to inspect, and to exclude for further examination by nurse or doctor all children showing signs of impending communicable disease. Only by excluding *the first case* of communicable disease can an epidemic be prevented. One epidemic prevented is better than two epidemics cured.

At the present writing there are 25 schools conducting the Modern Health Crusade. The Onondaga County Tuberculosis Association has detailed a special worker to extend this work as rapidly as possible in the City of Syracuse and throughout the county.

What Does Your Child Weigh?

Five pounds weight more or less is not of much importance to the average adult, but it means a great deal to the boy or girl weighing fifty pounds, for it represents ten per cent of his total body weight. Yet one school child out of every three is five pounds or more underweight. These children have heretofore escaped attention because the underweight child when dressed looks very much like every other child. It is when he steps on the scales that his real condition becomes apparent.

The proper weight for the height and age is to the health of the boy or girl what the foundation is to a building. No matter how much is spent on the after care of a building, if the foundation is not well laid, the building will crumble and crack and its usefulness will be impaired long before its time.

During the draft Uncle Sam discovered that many men were poor material for soldiers (approximately one-third had to be rejected because of physical disabilities) because they were undernourished when they were children. Uncle Sam doesn't intend to be caught in that way again, so he is putting a height and weight chart and literature as to its use into every school room in America.

Children are very much the same the country over. If one-third of the school children in other cities and states are 10% and more under weight for their height and age, it is a safe conclusion that the City of Syracuse will make a similar showing.

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Of no less importance than the underweight is the failure to gain the required amount each month. The child may be correct in weight when he starts in school in September, but the close confinement of the school room, or unusual hard work, study, or play may cause him to stop gaining or even to lose. If this is not detected and remedied, in six months the child may be actually ill or in condition to contract any communicable disease to which he may be exposed.

The time to detect the loss of weight or failure to gain is the *first month it occurs.* Taken then, the necessary change in diet or habits may easily correct the condition; neglected, it is certain to lead to more serious consequences.

If it is conducted properly, the monthly weighing is a fascinating game which the children thoroughly enjoy. Great rivalry exists between the boys and girls, between the different classes, and even between schools as to which should have the greatest number "go over the top" in correct weight for height in the shortest time. And many a plateful of necessary but undesired food, or even a dose of castor oil, is taken cheerfully if it means graduating before the rivals for the honor.

The monthly height and weight record of each pupil will be of inestimable service to the Medical Directors of the schools, as it will point out with unerring accuracy many children whom the physicians should see at once. Otherwise these children, because they appear to be well, would be overlooked until the serious damage might be done.

Height and weight records are furnished at nominal cost (one cent each) by the Superintendent of Documents, Government Printing Office, Washington, D. C. At the earliest possible moment these charts should be placed in every school room and scales made available for the monthly weighing. To delay means added expense in curing sick children and no little risk to their health and lives.

A pair of scales in every school building and an accurate height and weight taking of every school child at least once a month, should be the aim of the Syracuse schools, beginning with the school year 1920.

Health Supervision

Excerpt from Annual Report of the Department of Public Instruction, 1917:

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The cost per pupil on daily attendance was divided as follows:		
Total		$40.91
Health service	$ .67	
Physical training	.08	
Open Air and Atypical School	.05	
Libraries	.23	
Capital outlay	.32	
Fixed charges	.48	
Maintenance	1.69	
Operation: Janitors	4.61	
Instruction: Grades		28.63
Evening school		11.87
High school		61.06

In other words, $4.61 is spent in caring for the sanitation of the building as opposed to $ .80 for the care of the health of the children. There is nothing unusual in this situation at the present time, and Syracuse is neither better nor worse in this respect than many other cities. So far as the matter of protection is concerned, the majority of municipalities are still paying for the " pound of cure " instead of the " ounce of prevention."

Excerpt from the Annual Report of the Department of Public Instruction:

REPORT OF THE HEALTH DIRECTOR, APRIL 10, 1918

Our aims have been, as at the time of the establishing of the work in January, 1914, to improve the general physical condition of the child, to safeguard him as far as possible from exposure to contagious disease, to aid him in establishing healthful habits of living, both for his school life and home life.

ANALYSIS OF COMPLETE EXAMINATION OF EVERY CHILD DURING PAST TWO YEARS

Percentage of Children Showing Physical Defects of Sufficient Importance to Demand Correction	
Grade schools	40 per cent
Defective vision	5 per cent
Enlarged or diseased tonsils	10 per cent
Nasal obstructions	10 per cent
Defective teeth	40 per cent

These numbers of defects are unusually low for a beginning medical inspection, showing that the inspectors were given considerable latitude in their opinion of defects that " demanded correction." There are no doubt more than twice this number of defects that might be remedied to the children's advantage.

Tables of physical defects of children may be termed information which is *highly interesting but relatively unimportant.* The test of the efficiency of health supervision of school children is not the number of defects *located,* but the number *corrected* or *cured.*

REPORT OF HEALTH DIRECTOR *(Continued)*

Of the total number of defects we have been able to obtain during this last year:

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Cures	30 per cent
Cures and improvements together	44 per cent
Defective vision, 371 children obtained glasses or had them changed	35 per cent
Enlarged or diseased tonsils, 427 children had operations	15 per cent
Decayed teeth, 1,572 children have had dental attention	22 per cent

EXCERPT FROM FIFTH ANNUAL REPORT OF HEALTH DIRECTOR FOR SCHOOL YEAR ENDING JULY 1, 1918, UNPUBLISHED. BY COURTESY OF DEPARTMENT OF PUBLIC INSTRUCTION.

This marks the first full year of examinations of high school pupils. The constantly decreasing number of parents who request that the physical examination be made by the family physician is gratifying. We hope that in the near future the option of parents may be withdrawn and that we may proceed with the examination on a uniform basis.

Total examined for the year			20,587
Grammar schools		18,251	
High schools		2,336	
Total per cent of defects	Grammar schools	46	per cent
	High schools	23½	per cent
Defective vision	Grammar schools	5	per cent
	High schools	7½	per cent
Enlarged or diseased tonsils	Grammar schools	11	per cent
	High schools	20	per cent
Decayed teeth	Grammar schools	30	per cent
	High schools	10½	per cent
Nasal obstructions	Grammar schools	3½	per cent
	High schools	½	per cent

This large difference in numbers of enlarged and diseased tonsils between high schools and grammar schools is due probably to the work of removing tonsils in the grades. Enlarged and diseased tonsils are the result of repeated infections by communicable disease. If epidemic diseases could be abolished it would do away with most of the tonsil and adenoid trouble.

GRAMMAR SCHOOLS

Percentage of cures where follow-up work was done by nurses:

Cures	23	per cent
Cures and improvements together	36	per cent
Defective vision	41	per cent
Tonsils and adenoids	18	per cent
Defective teeth	33½	per cent

MEDICAL STAFF

The present medical staff of the public schools consists of one chief inspector, five assistant inspectors, 8 school nurses.*

At Delaware School the city, through the Department of Education, provides a dental clinic where a dentist on full time is kept busy taking care of the teeth of those school children who cannot

*The 1920 budget allows for four additional nurses.

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afford to pay a dentist. This full-time dentist and the half-time dentist provided by the City Department of Charities for Syracuse Free Dispensary are not sufficient to care for the teeth of Syracuse school children.

In view of the small staff, the report of the Health Director is a remarkable showing. At a conservative estimate, efficient school nursing requires one nurse for every 1,000 school pupils. An addition to the present staff of at least ten more nurses and additional physicians are imperative if the force is to be adequate to care properly for the health of the children.

At present the custom of examining the child fully dressed is prevalent. One does not expect an expert to examine anything else on earth swathed in blankets. Why expect the doctor to give an accurate opinion of the child's physical condition while he cannot possibly see or feel the child's body except through various layers of clothing?

A child regards his body simply and naturally until he is taught evil by older persons. In time, it is hoped that parents will learn from the child himself the proper respect and veneration for a beautiful body, and that they, in turn, will teach the child the proper care of it. A thorough inspection once a year or oftener will then be regarded as a necessity to perfect health.

Medical inspection is really a misnomer. Health supervision is a more inclusive and a more accurate term. Health director is a better title for the person responsible for the health work than Chief Medical Inspector. His duties and responsibilities include not only supervision of the physical examinations, but the sanitation of the school plant, the instruction in hygiene, physical education and the nutrition and other clinics. In a city the size of Syracuse, this position could very well take the entire time of a specially qualified physician.

The appointment of medical inspectors on full or part time salary, even though safeguarded by adequate civil service, is open to many disadvantages as well as advantages. Perhaps the advantage is that the smaller group of inspectors are more easily supervised and their work can be more nearly standard. Even a superficial examination of medical records will show a wide variation in the results due to the personal equation of the examining doctor.

The disadvantages are the possibility of political control of appointees; the disaffection of the medical profession because of the interference with private practice; the routine nature of the work, causing the doctors to grow careless; and as the work grows more monotonous, the increasing tendency to apply for frequent

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excuse from duty because of pressing calls elsewhere, with the result that the work in the schools is neglected. To obviate this latter difficulty, the amount that is now paid for the annual salary of medical inspectors could be divided by the number of school clinic days and the inspector or his substitute paid on the basis of periods of attendance on duty.

Health Supervision in the Parochial Schools

The health supervision of school children in parochial and private schools is under the jurisdiction of the Department of Health. Two physicians and two nurses are employed for the nearly six thousand children.

The medical staff for public schools under the supervision of the Department of Education and the medical staff for private and parochial schools under the supervision of the Board of Health attempt to co-operate in their work as closely as is possible under the present system of two different heads, by using the same record cards and the same system of follow-up.

With the inauguration of the new Department of Health and the possible creation of a Division of Child Hygiene, the results of the two sets of school inspectors and nurses can better be co-ordinated and the work standardized. This will result in a higher standard of efficiency both in the control of contagious diseases of school children and in the detection and correction of their defects.

Pediculae

Neither the reports of the public schools nor of the Board of Health medical inspectors indicate or make any recommendation concerning the large numbers of school children who are known to be afflicted with head lice. From the records of the fresh air camps, orphan homes and other private organizations, it is learned that almost half of the school children that come into their care need delousing. This is a matter which concerns every parent in Syracuse. If considerable numbers of children afflicted with lice are attending the schools, every child with whom they are necessarily associated is constantly exposed.

This situation cannot be met by catching an occasional lousy child and cleaning his head and body. It requires scientifically directed and concerted action on the part of the public health and the school authorities, and co-operation on the part of the community. A comprehensive campaign must be mapped out and every detail carried through, much the same as public authorities would

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go about stamping out small-pox, mosquitoes or any other pestilential condition. In undertaking a campaign such as this, the situation must be so handled psychologically that those concerned will be convinced that " to be cleaned up is doing one's part," and that " to have lice and not be cleaned up " is the disgrace.

Teachers of Hygiene

From statistics which are being compiled by public health, medical and nursing professions, it is clearly indicated that there are not enough public health nurses in the field, or in preparation, to anywhere nearly supply the number needed to give adequate health attention to the school children, not including the children of preschool age. Reports of the dental associations show conclusively that if all the dental work to be done were to be attempted, it would require something like ten to fifteen times the present number of dentists.

With this situation and with the increasing need for health work in the schools becoming evident, it is apparent that some other arrangements for the actual doing of this work will have to be effected. One suggestion is that the Normal colleges train teachers of hygiene, on the same principle with which dental colleges are now training dental hygienists. These teachers of hygiene, under the direction of medical school authorities, can attend to the height and weight taking, the supervision of personal cleanliness of children and of their home environments, to class room and personal instruction in hygiene and nutrition, to visiting work in connection with the part-time continuation school children and to the health supervision of children in the part-time industries, and to a variety of other necessary tasks. This would leave the medical and nursing staff free to control epidemic diseases, and to detect and correct defects.

In addition to the training of special teachers of hygiene, the teacher training schools need to add special courses in personal and public hygiene for all teachers in training, and to incorporate health instruction as a more important part of all teacher training by making it a prerequisite for a teacher's certificate.

But without any special training, the teacher in the average grade school can be interested through the Modern Health Crusade, the height and weight taking, and through other modern methods of teaching health habits, to take advantage of their many remarkable opportunities of teaching personal health and of inculcating the right sort of health habits in the children in their charge. This teaching of health by the class room teacher brings about a greater

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interest in health on her part and encourages the most desirable personal relations between teacher and children.

School Lunches

During the winter of 1917-1918 the Social Welfare Branch of the National League for Women's Service, and later the Child Welfare Committee, provided dinners for a group of very poor children in one of the crowded sections of the city. The gain in weight of these children was from two to eight pounds.

To many of the children this represented the entire nourishment of the day and to all of them the only full meal.

Has the reader ever tried to work or study on an empty stomach? Can he imagine what it is like to be *always hungry?* He can't. But he can see the folly and extravagance of spending a dollar's worth of education when ten cents' worth of milk is necessary to make the education effective.

Nutrition Clinics for Undernourished School Children

During the winter 1918-19 the Child Welfare Committee operated a nutrition clinic in Montgomery School for a group of undernourished children. The children were selected after a complete physical examination (stripped). They were all 7 per cent or more underweight for their height and age and were in need of nutritional education and feeding. Forty children were enrolled for the class. Their average gain for the period of eight months was two and two-thirds pounds.

The nutrition classes included one well-balanced meal for each school day, intensive educational work along the lines of the Modern Health Crusade, correctional work as needed, and social and relief work. The lack of an open-air room and the crowded condition of this school somewhat hampered the work of the committee. It is the intention of the Child Welfare Committee to extend these nutrition clinics in other schools, with the hope that sooner or later the school authorities may be able to establish and conduct them in all schools as they are needed.

The one greatest problem in improving the health of children and in the prevention of diseases and defects is FOOD. It is useless to talk of balanced meals and food values to children when there is little or nothing to eat in the home. So, for some children at least, food must be provided either directly by the school authorities, or indirectly through some relief agency.

While the feeding of children at school has some very distinct

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advantages, it also has many disadvantages. Unless it is accompanied by extensive teaching along nutritional lines, the gain in weight that is made in winter is liable to be lost during the summer when the child returns to his usual home diet. When the child is fed in the school, both he and his mother are liable to become far too dependent upon the school for the ordering and preparation of his meals, and the opportunity of teaching him (and his family) the elements of correct feeding is lost. As essential as feeding is that the child and the parents learn *correct food habits.*

Correct food habits are attained through the nutrition classes and by personal instruction at school, and in the home when possible. A valuable addition to the nutrition classes for children would be nutrition classes for the mothers of these children. This can be accomplished by the Home Bureau and the Home Economics Department of Syracuse University to the greatest advantage. Their work will be of greater effect if the mothers can work with actual problems of feeding their own undernourished children and the students of home economics can work with real instead of imaginary cases and can watch the gradual return of their living problem to normal weight and health.

Open Air Classes

Excerpt from Fifth Annual Report of Health Director for school year ending July 1, 1918:

> The weight charts in the three open air schools have shown consistent gains, but less satisfactory on the whole, than in former years. This is doubtless due to war conditions in the home and to a diminishing amount of nourishing food among the poor.
>
> Open air schools have been established in the Clinton, Washington Irving and Delaware schools. One has but to visit the third story of Delaware School, with its large, well lighted rooms, its swinging windows, its spacious and pleasant dining room, sleeping porch full of cots, its well equipped kitchen, store room and lavatories, to see how fully the carefully laid plans of those who conceived this most up-to-date and complete department have been realized.
>
> All of the children, as in former years, have improved gradually in health and vigor. It is very easy to demonstrate how the hearty meals and lunches, the sleeping hours, the cold air, the gentle but firm discipline, the health drills, the routine of cleanliness and the lessons in personal hygiene have changed the course of the lives of these children.

The open air school, wonderful as it is, is still of the *ambulance variety.* Build more of them instead of less, as they are needed to repair the broken health of children who for years have not been fed and cared for scientifically, or who for any reason are not in

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robust health. But in the meantime, " build a parapet " to prevent the ambulance cases, by proper supervision and care of the health of all children.

Special Classes

A class for deaf children in charge of a specially trained teacher has been organized in Grace School. There are ungraded classes in Prescott and George Washington schools for normal and backward children. The Atypical School in the Madison Annex has ungraded classes for subnormal children. During the past several years, the school nurses have made a record of every crippled, deaf or partially blind child in their districts. Special classes for the crippled, deaf, partially blind and subnormal children should be established wherever they are needed.

A crippled newsboy can probably earn more pennies than a boy not so handicapped, but ten or more years later the cripple will still be a " newsboy." To educate these physically handicapped children, especially the blind and deaf, is very much more expensive than to educate normal children. But every dollar spent in their education, which will tend to fit them to become self supporting, self respecting citizens instead of beggers or paupers, is money well invested.

Fresh Air Camps

Two summer camps for undernourished school children were operated under the supervision of the Child Welfare Committee during the summer of 1919. The Hill Crest Camp at Split Rock cared for 131 children from 90 families. Their average gain was 12 ounces per week. The Jewish Fresh Air Camp at Onondaga Valley, operated by the Federation of Jewish Charities, cared for 111 children from 55 families. Their average gain in weight was one pound and two ounces during their stay.

Conclusion

To those who can read the signs of the times, the protection of the health of the school children, including the correction of at least their minor defects, is shortly to be included as a natural function of the schools. In the interim, the transition from private competitive practice in the protection of the health of school children to the socially controlled system has to be undertaken gradually and with perfect understanding between the school authorities and the medical profession every step of the way.

Following the medical inspectors on part time salary, the next step would seem to be the organizing of all the physicians of a given school district into the school health service. Some physicians

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are not interested in children's health problems, but the majority are, especially the family doctors. The family doctors are interested not alone in the fees that accrue to their practice but in keeping up with the newest and most approved methods of caring for children, which they can get only by associating with other physicians, preferably in clinics. The school clinics offer an opportunity for specializing in medicine for children and hence the development of a greater degree of skill. It would seem that children and doctors alike would profit by an arrangement which brought the combined efforts of all the doctors interested in children into the school clinic. And if all the doctors were a part of the clinic, there would be no question of interfering with private practice.

Under the present system in Syracuse a lot of valuable time and effort is wasted. The school physician makes his findings, which are reported to the school nurse. She, in turn, reports to parents and persuades them to take their child to their doctor. If the doctor were in the clinic, the treatment (exclusive of operations) could be instituted at once. This is especially desirable in cases of types of defects requiring daily treatment over considerable periods of time.

The school clinic would eliminate another highly undesirable factor of medical work for children and that is the question of the parents' *ability to pay*. When a child enters school, the School Board doesn't concern itself with whether the child's parents are able to pay for his education. Society cannot afford to have a child grow up uneducated (theoretically), hence education is provided free at public expense.

If society can not afford to have an unlettered child run free in the community, how much less can it afford to have him run free with head lice, measles, tracoma, tuberculosis or other communicable disease? Neither can society afford to have him neglect a physical ailment such as bad teeth, defective vision or bad tonsils which if uncorrected will reduce his efficiency as an adult worker by half or more.

If the state can logically undertake to educate all children at public expense, it can even more logically undertake to so improve the health of these children that they can take to the fullest advantage the education that is provided for them. And if the greatest good to the greatest numbers in the education of children comes about through an educational system socially owned and socially controlled, then the greatest good to the greatest numbers in protecting their health will also come about through a health system socially owned and socially controlled.

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The School Plant

If the state has a right to require the parent to send a child to school for a certain period each year through a number of years, the parent has a right, even more than a right, he has a duty, to demand that the school house be clean and sanitary, and that it be built and kept with due regard to the health, comfort and safety of the children.

From the Annual Report, Department of Public Instruction:

REPORT OF SUPERINTENDENT, FEBRUARY 1, 1918

Seven years ago most of the schools were without proper playgrounds, many of the buildings were in bad condition from age, poor construction and lack of repairs. In more of them the disgraceful sanitary systems were a constant menace to the health of the children and a sure preventive of good school work. But most serious of all, there was a lack of rooms, causing the overcrowding of classes and directly preventing the proper instruction of the children herded in them. This condition had come about through the failure of the city to appreciate the school needs and properly provide for them. The direct result has been that the awakening of the community to this vital need has forced upon the city a program of school construction and extension which should have been undertaken years ago, and which, if it had been performed at the proper time, would have saved the city tens, if not hundreds, of thousands of dollars in the costs of grounds and constructions.

In the matter of school buildings and grounds, the development of the past seven years has been phenomenal. The newer buildings are fireproof. They are practically all above ground and do away with dark, damp basements. Rooms are large, carefully ventilated and well lighted, and the sanitary systems are of the best.

There can be no doubt in the mind of any well informed person that the Franklin and Prescott schools should be immediately replaced. The conditions in both these schools are most unsatisfactory.

The buildings already erected or being erected are helping to relieve the overcrowded conditions, but we are far from safe on that matter yet. In the Franklin school the crowded condition gets worse. At present the schools in the southern part of the city are overcrowded, and steps must be immediately taken to provide additional accommodations for the group of children now centering in Brighton, McKinley and Elmwood schools. Putnam and Seymour, two of the older buildings in the center of the city, are both full.

Overcrowding is such a serious menace to the lives and health of children that it ought by all means to be prevented. During the past seven years the school population has increased by an average of 525 pupils each year, making a total increased population of

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3,675. In this same time the capacity of school buildings has been increased by adding space for 2,300 children as follows:

Edward Smith	500
Vocational High	700 to 1,000
Delaware	600 to 1,000
Webster	150 to 400
Jefferson	300 to 400
George Washington	350 to 500
McKinley addition	200
Washington Irving addition	200
Elmwood addition	200

The Delaware School was built to accommodate 1,000 pupils. In two years it has reached a school population of over 1,100 and overcrowding there is threatened. It is reported that parents are seeking homes in that district so as to have the advantage of that splendid school plant. *Modern school buildings pay.*

For the school year 1919-1920 plans are being completed and contracts let to increase the school capacity by 1,375. Madison and Porter schools are under construction with respective increases of 575 to 950 and 800 to 1,000. The contract for the addition to Lincoln School with an increase of 350 has been let, also plans for a new Prescott School, which will increase its capacity from 800 to 950. Plans are under way for a new Franklin School with a capacity increase of from 900 to 1,200.

Even should all these plans and contracts be completed in the proposed time, they would when finished provide adequately for only the number of school children now in the city. If in the meantime the same rate of increase in the population continues (525 school children a year) at the end of the school year 1920 there will be 1,050 school children unprovided for, and the schools will continue to be as crowded as they are at present.

The lack of sufficient building provisions has also seriously interfered with the playground space. Most of the school grounds have some play space, but often it is too small for the more strenuous games or insufficiently equipped. In a city situated like Syracuse, where there is abundant room for expansion, there is no necessity for establishing playgrounds on the roof except under unusual circumstances. There is need, however, for comprehensive city planning and for following out such plans, lest in the rapid hit or miss growth of the city, the needs of children for play and of adults for breathing space be overlooked.

More air in the curriculum should be the slogan in the planning for new school buildings and grounds. An open air school room for anemic children should be provided in every new building and *every room in every building should be an open window room.*

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The Cost of Neglect: A Problem in Arithmetic

From the Annual Report of the Department of Public Instruction:

Cost per pupil on the average daily attendance for the school year ending July 31, 1918:

Average daily attendance in all schools	18,822
Cost per pupil in daily attendance for all purposes, excluding buildings	$40.91

Excerpt from report of Superintendent:

RETARDATION

Average per cent of non-promoted for 3½ years previous to January, 1913 ..... 17.9

January, 1913	18.3	June, 1915	11.3
June, 1913	12.04	January, 1916	10.82
January, 1914	12	June, 1916	11.08
June, 1914	11.4	January, 1917	10.35
January, 1915	11.95	June, 1917	10.61

During the period of 4½ years from January, 1913, to June, 1917, covering the work of nine terms, there was an increase of 9,838 promotions. If we allow 40 pupils to the teacher, this is a saving of the time of 123 teachers for a year, or at the present maximum salary for grade teachers, it is a total saving of $104,550. This has been brought about by the earnest application of teachers and pupils and the co-operative spirit between them.

Still another cause for the better condition is the splendid service of the medical inspectors and nurses under the competent and effective direction of our chief medical inspector, Dr. Palmer. As a result of this work of the medical corps, there are fewer epidemics of contagious diseases with steadier and better attendance on the part of the pupils, enabling them to accomplish their work in a shorter time. (The improved sight and hearing, nutrition and general health conditions of the pupils, thus increasing their capacity for study, will be shown by Dr. Palmer's report.)

Remarkable as is this showing in the reduction of retardation, yet there still remained at the end of the school year, June, 1917, 10.61% of non-promotions.

The average daily attendance for the school year ending July 1, 1917, was 18,822. Of these, 10.61 per cent were non-promoted, the number being 1,997. Cost per pupil in daily attendance, excluding buildings, $40.91. Cost of retardation for school year, $81,698.27.

This large sum which is now being expended and from which no appreciable benefit is derived, if it could be so utilized, would provide:

Twice the present medical staff and complete equipment for all necessary clinics.

Three times the present staff of nurses, which would provide the necessary nurse for each 1,000 pupils.

One teacher of physical education for each 1,000 pupils.

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One special teacher for ungraded classes for every 500 pupils.

And it would leave a good margin to invest in much needed gymnasiums and playgrounds.

A child develops mentally year by year as he grows physically. Certain factors interfere with his mental growth. These may be physical, such as defective vision, defective hearing, and local infection (bad teeth or tubercular cavities); nutritional, as evidenced by the prevalence of under weight; and unhappy home surroundings. Or it may be because of absence from school by truancy or change of location, or because of sickness. In a certain percentage of cases the failure to develop mentally is a fundamental defect which may be capable of improvement but may not be cured.

Summary of Section IV.

An adequate program for the protection of the health of Syracuse school children would require the following:

1. Increasing the staff of school nurses to at least eighteen, exclusive of the supervising nurses.

2. Increasing the medical staff and establishing clinics as rapidly as possible; establishing close working relations between the school medical staff and the City Commissioner of Health, the Free Dispensary, and the medical profession.

3. Complete annual physical examination of every child, stripped, with particular attention to personal cleanliness.

4. A pair of scales in every school building and a monthly weighing of every child; reporting all underweight children and those failing to gain to the Health Director, and reporting weights to parents on child's monthly report card.

5. Providing nutrition clinics and nurses or workers to give class and personal instruction in diet to under weight children, and wherever possible to their mothers; organizing food squads for them; feeding any children who are unable to obtain the proper food at home, or where for other reasons it is deemed desirable.

6. Extending as rapidly as possible the Modern Health Crusade or other plan for daily teaching of hygiene and the fixing of correct health habits.

7. Increasing building provision to eliminate overcrowding and to keep pace with the increasing population. Overcrowding is dangerous to life and health—don't let it get ahead.

8. Providing adequate playground and recreational space for every school building, either on the ground or on the roof.

9. Increasing the ungraded rooms and special teachers suffi-

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ciently to care for from five to ten per cent of the school population, and providing " atypical schools " for all the mental defectives.

10. Beginning a vigorous campaign for the increasing of the custodial and proper supervisory care of these mental defectives so that this generation may be the last.

11. Encouraging by every known method the close co-operation between home and school, relative to the health and welfare of the children.

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V.

Children in Industry

New York State Child Labor Regulations

Child labor is not prohibited by law in New York State. But there are excellent safeguards thrown around children in industry which compare very favorably with the regulations of other states having a large industrial and foreign-born population.

Briefly, the New York State law permits working papers for certain industries to be issued to a child who is 14 years of age and who has finished the eighth grade at school; and to a child who is 15 years of age who has finished the 6-2 grade. Vacation permits, issued only for July and August, are given to children from 14 to 16 years of age regardless of school grade. Before any working papers are issued the child must pass a complete physical examination by the health officer or physician designated by the Board of Health. After this preliminary examination, there is *no follow up or health supervision of the child in industry.*

The law governing children in street trades prohibits the sale of newspapers by any boy under twelve and any girl under sixteen years of age. A boy under fourteen must wear a badge which can be issued only on satisfactory proof that he is twelve years of age or over, and upon certification by the superintendent of his school that the boy is normal, physically fit for such employment and that the superintendent approves the granting of the badge. No child under fourteen years of age can sell papers on the street after eight o'clock in the evening or before six o'clock in the morning. The Syracuse Board of Education employs a special worker to supervise school children selling papers.

Heretofore, the minor of 16 needed only to present satisfactory evidence of his age. But on May, 1919, the law relative to part time or continuation schools became effective, requiring each minor under the age of 16 who has not completed a four year secondary course of education to attend a part time class or continuation school for not less than four hours nor more than eight hours per week. When out of employment, such minor shall attend such school not less than 24 hours per week. But no provision seems to have been made for his health supervision by the school or by the health authorities.

In further protection of the health of children, the New York

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State law prohibits the employment of women within four weeks after giving birth to a child. *The law has not yet made any provision for the prohibition of the employment of pregnant women. Such provision as is recommended by the New York State Industrial Commission should be passed without delay.*

Working Permits Issued in Syracuse

	1917	1918	1919
January	93	42	60
February	30	59	56
March	23	57	50
April	23	70	42
May	41	71	36
June	153	305	259
July	136	164	138
August	47	49	41
September	40	70	65
October	43	37	79
November	37	43	66
December	35	46	78
Total	701	1,013	970

NUMBER OF CHILDREN IN SYRACUSE GRADUATED FROM THE EIGHTH GRADE

Year	1917	1918	1919
Graduated from the Eighth grade...	1,429	1,490	1,803

NUMBER OF CHILDREN IN SYRACUSE ENTERING HIGH SCHOOL

Year	1917	1918	1919
Children who entered High School...	1,200	1,353	1,387

The Consumers' League, working in co-operation with the Child Labor Committee in connection with the Back to School Drive, has established a scholarship fund to keep children of working age in school who otherwise would have to go to work to help with the family support.

This work, which was begun last year, includes careful supervision of the family management as well as keeping in close touch with the child's progress in school. The league is planning to extend this work as rapidly as funds permit. Such work merits approval and support.

Health Supervision of Children in Industry

The thorough physical examination of children from 14 to 16 years of age and a work permit conditioned upon physical fitness, as required by the New York State law, would seem to be an

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admirable arrangement. In theory it is, but in actual practice it is a very difficult thing to work out scientifically and equitably, unless the law is amended to provide for examination at stated intervals and to extend very much farther than it does at present into the vocational, social and environmental factors surrounding the child in industry.

The kind of work for which the child applies for a working permit should be a very important factor in granting it. For instance, a child may have a very slight defect of vision which would not interfere with out-door employment, but which would work serious injury if he were to be confined to work requiring close application of his eyes. An undersized child with deviations from the normal posture, chest measurements and contour might do very well out of doors on a delivery wagon. Confined to a badly ventilated room, he would invite invalidism and an early death. On the other hand children with heart affections might live to old age in employment requiring the minimum of excitement and of strenuous physical exertion while opposite conditions might mean a short life for them. These instances might be continued indefinitely.

The examining doctor cannot tell with certainty into what industry the child is going. Unfortunately it is a matter over which he has not control. He must pass on whether or not the child is physically fit for working papers. Once these papers are issued, the child may go into any industry not expressly prohibited by law, whether suited to his condition or not.

The absence of provision for repeated examinations at stated intervals gives the examining doctors no opportunity to learn what effect, if any, the particular type of employment is having on the child's health and development. He may develop any sort of defect or illness in the course of the next few years, particularly as he continues to work through the strain of the adolescent and post adolescent periods. But working papers once issued are finally issued regardless of the results of the labor. *The law in effect allows a fourteen year old child to assume as full responsibility for his health as though he were an adult, and that through a period in which he needs special safeguarding!*

Thus some of the difficulties presenting themselves in the matter of the physical examination for working papers become apparent. *The physician is asked not only to report deviations from the normal condition, in which there is room for considerable variation of opinion, but he is at the same time asked to pass upon whether the degree of the variation unfits a child for a vocation of the*

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nature of which the physician has only hearsay evidence. The physician may know little or nothing as to the health conditions likely to surround the child in that particular industry, or under a particular industrial management. There is the added likelihood of the child remaining at one job for only a short time, as is the general custom of these youthful workers.

To all this confusion and uncertainty *must be added the personal equation of the examining doctors.* The results of different doctors, even in small areas, examining the same group of children have been found to vary so greatly that they could not be used for statistical purposes. When the examining doctors are local health officers appointed by local boards of health, most of them without any special training for this sort of work and without supervision of skilled examiners, and scattered over a great state like New York, the variation must be very great. *The "theoretical" child would get a working permit if only he could travel far enough!*

Examining the child for the job, and the issuing of a new working permit for each new job undertaken by the child, would eliminate part of the confusion. Also special instructions for examining physicians and close supervision of their work by specialists in industrial and child hygiene would serve to standardize the work and make it more uniform and of a higher standard.

Even with medical examinations carefully standardized and supervised, the examining doctor should have a basis other than his own discretion by which to determine whether or not the child conforms to reasonable health standards. It should be one which every physician can use without regard to personal equation. *This basis is found in the relation of the child's weight to his height.*

Excerpt adapted from Heights and Weights of New York City children from 14 to 16 years of age, by Lee K. Frankle and Louis T. Dublin:

> The problem resolves itself into this: What departure or deviations may be permitted in issuing a certificate? The children who are above the average may be excluded from the general consideration. They are, if anything, better physical specimens of their class. Where overweight is marked so as to be a menace to the child, the physical examination is likely to disclose defects of heart, kidney, or other vital organs which would bar the applicant. The underweights are therefore our sole consideration, and the question still reduces itself further to the determination of the minimum weights which are consistent with physical fitness.
>
> Summarizing the figures obtained in a study of 10,043 boys and girls between the ages of 14 to 16, taken from the record of working permits issued by the New York City Department of Health, at approximate 10 per cent deviation below the average weight for

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girls would result in the dropping of over 13 per cent of the total number of children on a *score of being that much deficient in weight for their height.*

Attractive and highly desirable as this may be as a social program for the conservation of child life and the prevention of the premature entry of children into industrial life, the authors have considered that its recommendation would involve too great a departure from present practice. It is suggested that (for a beginning at least) a somewhat greater deviation from the average be permitted, namely 15 per cent. On this basis of 15 per cent below average weight for height only 3.5 per cent of boys and 9.4 per cent of girls would be eliminated.

A comparison of the height of boys and girls from 14 to 16 years of age of New York City with up-state cities shows that the New York City boys show a constantly greater average height at each age period, but the girls are shorter in stature. The New York boys are also superior in weight as compared with the up-state boys and the New York City girls are likewise heavier. Both boys and girls of New York City are stockier than the up-state children.

The Why of Child Labor

Regulations and laws of New York State safeguarding labor, particularly children in industry, are admirable as far as they go, and are worthy of support by all who are concerned with social and child welfare. The New York State Industrial Commission also deserves the fullest support in its efforts to strengthen laws and regulations to still further safeguard the health of children.

But the principal problem of child labor is not a matter which can be settled by child labor regulations or by statutes.

To bring a baby into the world a minimum of $200 should be available, according to the estimate of the Maternity Association of New York City. This amount allows for no luxuries but merely for the safeguards of modern civilization, and without any dependance upon charity. Mrs. Robert Bruere, an authority on household economics, states that the average expense of a child for the first three years should be $180 a year, and that the amount should gradually increase to $350 at the fourteenth year if the child is to have a real chance.

The Tentative Quantity and Cost Budget necessary to maintain a family of five in Washington, D. C., at a level of health and decency at current prices for September, 1919, prepared by the U. S. Department of Labor, Bureau of Labor Statistics (now in press) requires practically $2,300 per annum. Other competent authorities estimate the necessary annual income for a family with three children at ranging upwards from $1,700 per annum, which amount is the lowest given.

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The Labor Monthly Review for September, 1919, prepared by the U. S. Department of Labor, Bureau of Labor Statistics, publishes the average and classified earnings per hour and the hours worked per day by sex and industry for twenty-seven principal industries of the United States. These data were based in nearly all cases on the records of one representative pay roll in each establishment covered, with by far the larger of the pay roll periods falling within the first four months of 1919.

According to these tables, the average wage per hour for men was $ .561. The average number of hours employed per week day was 7.6. On a six day a week basis, the average earnings of men in these twenty-seven industries was $25.58 a week or slightly over $1,300 per year. According to the same report, the average wage for women per hour was $ .301. The average number of hours employed per week day was 7.5. The average wage for a six-day week was $13.55, or a little over $700 per year.

The following table of the average weekly earnings for the past five years in representative New York State factories is taken from the Labor Market Bulletin for July, 1919, published by the Bureau of Statistics and Information of the New York State Industrial Commission, Albany. This shows the average weekly wage for the first six months of 1919 to be slightly less than $23.

AVERAGE WEEKLY EARNINGS IN REPRESENTATIVE NEW YORK STATE FACTORIES

(Includes all employees in both office and shop)

	1914	1915	1916	1917	1918	1919
	Week including 15th of month	Week including 15th of month	Week including 15th of month	Week including 15th of month	Week including 15th of month	Week including 15th of month
January	.....	$12.44	$13.53	$15.28	*$16.81	$23.03
February ...	.....	12.41	13.77	15.31	17.66	22.07
March	.....	12.65	13.96	15.79	18.71	22.20
April	.....	12.54	14.15	15.50	19.25	22.11
May	.....	12.74	14.24	16.08	19.91	22.23
June	$12.70	12.81	14.41	16.20	20.44	22.51
July	12.54	12.66	14.11	16.17	20.78	23.10
August	12.53	12.89	14.44	16.44	21.23	.....
September ...	12.48	12.86	14.87	16.97	22.31	.....
October	12.26	13.30	14.95	17.33	22.34	.....
November ...	12.32	13.45	15.16	17.69	†21.60	.....
December ...	12.56	13.49	15.51	17.71	23.18	.....
Average for year	$12.48	$12.85	$14.43	$16.37	$20.35	.....

*Drop in January, 1918, was due to Fuel Administrator's closing order for January 18-22.

†Drop in November, 1918, was due to closing of factories on November 11, Armistice Day.

Note.—The average weekly earning is obtained by dividing the total weekly payroll by the total number of employees on the payroll for the given week.

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The following table, published in the Monthly Labor Review, U. S. Department of Labor, Bureau of Labor Statistics, for May, 1919, shows the average amount and per cent of expenditure per annum for the principal groups of items of cost of living of families by income groups for the City of Syracuse. Of this group of 158 families studied, 136, or over 85%, had an income under $1,800 per annum.

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Income Group	Number of families	Average persons in family		Average yearly expenses per family for—						Total average yearly expenses per family	Surplus		Deficit		Families having neither surplus nor deficit	Average surplus for group
		Total	Equivalent adult males	Food	Clothing	Rent	Fuel and light	Furniture and furnishings	Miscellaneous		Families having—	Average amount	Families having—	Average amount		
Under $900	1	4.0	3.05	$301.61	$158.81	$240.00	$58.40	$15.50	$ 56.68	$ 831.00	....	.....	1	$24.00	....	$24.00
$900 and under $1,200	35	4.3	3.10	436.46	158.86	176.14	66.05	33.24	180.60	1,051.35	23	$ 68.76	9	74.34	3	26.07
$1,200 and under $1,500	69	4.9	3.38	258.43	213.47	*198.82	*84.66	53.97	238.43	1,319.17	44	66.70	19	93.84	6	16.69
$1,500 and under $1,800	31	5.1	3.73	586.67	262.52	217.91	88.96	69.88	337.09	1,563.03	23	142.27	8	61.73	....	89.62
$1,800 and under $2,100	11	6.2	4.19	709.09	290.37	294.64	86.02	55.28	379.28	1,814.67	10	172.82	1	496.00	....	112.01
$2,100 and under $2,500	5	5.8	3.61	598.50	401.71	302.40	91.09	96.50	589.35	2,079.55	5	205.38	....	.....	....	205.38
$2,500 and over	6	6.5	5.88	792 56	606.43	246.00	113.29	117.54	598.58	2.474.39	5	331.58	1	94.20	....	260.62
Total	158	4.9	3.54	542.87	236.88	*209.61	*82.59	56.11	278.42	1,407.03	110	110.92	39	91.29	9	54.69
	PER CENT.															
Under $900	0.6	...	....	36.3	19.1	28.9	7.0	1.9	6.8	100.0	....	.....	100.0	.....	....	.....
$900 and under $1,200	22.2	...	....	41.5	15.1	16.8	6.3	3.2	17.2	100.0	65.7	.....	25.7	.....	8.6	.....
$1,200 and under $1,500	43.7	...	....	40.1	16.2	*15.1	*6.4	4.1	18.1	100.0	63.8	.....	27.5	.....	8.7	.....
$1,500 and under $1,800	19.6	...	....	37.5	16.8	13.9	5.7	4.5	21.6	100.0	74.2	.....	25.8	.....	....	.....
$1,800 and under $2,100	7.0	...	....	39.1	16.0	16.2	4.7	3.0	20.9	100.0	90.9	.....	9.1	.....	....	.....
$2,100 and under $2,500	3.2	...	....	28.8	19.3	14.5	4.4	4.6	28.3	100.0	100.0	.....	....	.....	....	.....
$2,500 and over	3.8	...	....	32.0	24.5	9.9	4.6	4.8	24.2	100.0	83.3	.....	16.7	.....	....	.....
Total	100.0	...	....	38.6	16.8	*14.9	*5.9	4.0	19.8	100.0	69.6	.....	24.7	.....	5.7	.....

*Not including one family in which rent is combined with fuel and light.

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CONCLUSION

To the family trying to maintain itself in the actual presence of want, or with the constant threatening presence of economic insecurity, the only immediate available relief is to allow the immature child to step into the breach. The act springs from the instinct of self preservation. And against fundamental human instincts, regulations and laws always have been and always will be fighting a losing battle. *The margin of difference between what the family receives and what the family actually requires to maintain itself in some measure of comfort and decency is the fundamental cause of child labor.*

The management of an industry which cannot take the labor of men and, under any but the most exceptional circumstances, make it return to them a living wage is incompetent, or dishonest, in that the management is taking more than its share of the proceeds. An industrial management which asserts that it cannot pay its workers a living wage is thereby making such an admission of incompetency, or of greed, that it should be relieved of the responsibility of management of the labor of men and a more competent management put in its stead.

To supply greed or to make up for incompetency, no state can long afford to allow its citizens, particularly its children, to be sacrificed.

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VI.

Dependent, Subnormal and Delinquent Children

Children Before the Courts

From the Annual Report of the Court of Special Sessions, 1918:

The problems of the Children's Court are constantly becoming more difficult by reason of the ever increasing overcrowding of reform schools and institutions for children. During a large part of the year there has been no institution to which this Court could commit the juvenile delinquent, the ungovernable child—the child not subject to the proper restraint or control of parent or guardian—or the child found to be without proper guardianship, or the destitute, homeless or exploited child of an age and experience which our local orphan asylums would not receive. Indeed, from the first of May till November 15th, over half a year, the doors of the State Industrial School were entirely closed. This is the only institution or school to which the male juvenile delinquent can legally be sent from this city. There is no school or institution to which the juvenile delinquent under twelve years of age can be sent, unless convicted of an offense amounting to a felony. There are several reform schools in various parts of the State of a quasi-public nature under private management to which non-delinquent children can be committed. These latter institutions are under the control of the State Board of Charities and under the ruling of that board are not allowed to receive the juvenile delinquent or the ungovernable child. The absurd result follows that for the greater part of the year a boy under sixteen years of age might commit any crime, less than one punishable by death or life imprisonment, could steal and wreck automobiles, commit felonious assaults, burglaries, grand larcenies and the sole protection of the public against him was that he could be detained not longer than thirty days in our children's detention home. The ever increasing overcrowding of all these schools and institutions is necessarily decreasing their efficiency and helpfulness. More and more the child is simply kept in detention without any of that individual love and attention which every child needs and demands and to which he is entitled. Although great progress has been made in the child problem in late years, we are still a long way from performing our whole duty to these future citizens.

Frequently the authorities of our local orphan homes are compelled to bring children to the Children's Court for the reason that they have become ungovernable, truant, developing criminal or vicious tendencies, creating disorder and impairing the discipline of the institution. If the child is under twelve years and no private home can be found for him, there is no place in the world for him. If the child is over twelve and the doors of the State Industrial School or the State Training School for Girls are closed the situation

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is the same. And this in the year of our Lord one thousand nine hundred and eighteen!

Again, we have no truant school to which the truant from school can be sentenced by the court to "be confined and maintained therein," as provided in the Compulsory Education Law. This law is one of our basic laws and should be at all times strictly enforced. The permanence of our form of government, as of any democracy, depends upon the universal education of the people. For such education our public school system is the best and simplest method yet devised. Our former truant school was abandoned some years ago for the reason that the attendance was too small to justify its maintenance. Since that time we have used a separate room or rooms in the Porter School as the truant school. It is obvious, however, that a truant child cannot "be confined and maintained" in such a room. In other words, if the truant, after being sent to such a room in the Porter School as a truant, decides to be again a truant, both the school authorities and the court are helpless and the child is free to wander the streets, until such time as he may commit an offense for which he can be sent away.

The Compulsory Education Law further provides that a disorderly child who has been lawfully suspended or expelled from school and is not receiving equivalent instruction elsewhere may be brought before a police magistrate having jurisdiction and upon conviction may be committed by such magistrate to a truant school. Having no truant school in which such child can be confined and maintained, these children suspended or expelled from our schools are going without instruction until such time as the school authorities may re-admit them to the schools. We are thus compelled to pursue the un-American policy of refusing any education to certain of our children. As the children ordinarily cannot work because of the Child Labor Laws, they become idle, ordinarily with the usual disastrous results of idleness.

Syracuse, as well as every other city in the state of more than fifty thousand population, should have its own home school for these non-delinquent children under sixteen years of age and also for delinquent children under twelve. Such school should be a combined farm and vocational school to which could be committed the truant, the ungovernable child—who is frequently ungovernable because of incompetent or dissolute parents or other form of improper guardianship—the homeless, destitute, abandoned or exploited child whom our local orphan homes cannot receive. The cost of maintenance of such a school would probably not be any more than we are paying now for the maintenance of these children in private reform schools far away from their homes.

From the Annual report of the Children's Court and Chief Probation Officer, 1918:

It has frequently been declared that the purposes of the juvenile courts are to prevent, not to punish; to reform, not to chastise. Theoretically this is true, but practically it has too frequently been forgotten. The truth is that the prevention of criminal tendencies in the young, and the reformation of the juvenile offender, properly rests on other than legal consideration.

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> Our hope is that soon the Juvenile Court may cease to be a forum and become a laboratory where the wayward child is placed under the microscope of science, his heredity studied, his environment investigated, his mentality tested, his social disease diagnosed, and the appropriate treatment prescribed.
>
> The necessity of juvenile courts is so strong and so generally admitted by people of intelligence that it needs no discussion.

No one perhaps could state the problem of the Juvenile Court in Syracuse better than has been outlined in the above paragraphs. A beginning has been made toward this physical and mental examination of the juvenile delinquents in Syracuse, but an examination of the records of the cases actually examined shows that the records and results are far from satisfactory.

Each child who comes into court, except perhaps the ambitious, energetic youngster whose excess of juvenile energy causes him to get into mischief, should have a complete physical and mental examination and a proper systematic record should be made of the findings. Systematic effort should be made to have all physical disabilities removed as the improvement of the physical condition often is reflected in the mental reaction.

The mental examination needs to be supplemented by an examination into the social environment and all should be made a part of the record, so that when completed it will be an accurate picture of the child's physical, mental and social condition. Only with such a proper examination and record can a right and just disposition be made of the case. This mental examination and accurate diagnosis is especially necessary for the invaluable service rendered by the Big Brother and Big Sister movement. It is unfair to them and to the child himself to ask them to take in hand a boy or girl who hasn't any "capacity" for learning how to behave.

In order to deal justly and scientifically with every person brought before it, the Court must know the mental capacity, the character or lack of character, the ability or disability of the individual. It is not safe to proceed on the assumption that the Court knows these facts or that the Court can know a feeble-minded child or a physically or mentally defective child when brought before it. The Court does not know him, and except in certain cases of the obviously feeble-minded or degenerate or crippled, the Court cannot know him. This can be determined only after a thorough examination by a physician or psychiatrist. Yet only a very few juvenile courts in the country have access to such services.

The Court consequently is helpless. The Court does the best it can in the matter, and the case is put on probation, dismissed or sent to one of the various institutions—which one very often de-

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pending upon the vacancies rather than upon the merit of the case. Thus the cases are disposed of for the time being, only for a certain per cent (less than 10%) to come up again and again for repeated offenses until they finally outgrow the jurisdiction of the Juvenile Court and begin their rounds in the courts for adults. This weary round will continue until the individual finally dies in prison or becomes aged and helpless and ends his days in the county almshouse.

But having provided such record the Juvenile Court of the City of Syracuse still will be facing a " blind alley " of inadequate state provision for the care and treatment of the mental defective among juvenile delinquents and adults as well. It would be cheaper in the long run for the city or county to establish a farm colony for these unfortunates and commit them there permanently than to permit them to continue the weary treadmill grind of misery, with the problem increasing faster than the state is coping with it.

The Juvenile Court and Detention Home

The Juvenile Court and Detention Home of Syracuse are located in a two-story remodeled residence. The place is reasonably clean, the inmates are fed and are evidently treated kindly, but the place is not well adapted for a detention home for children.

At the time of the visit three boys were found in the home; one boy was sweeping walks, two smaller boys were confined upstairs in a hot room which was poorly ventilated, and were amusing themselves as best they could with some games. These two boys were locked in that room for a few days at least, together with any newcomers. By the time they were released every boy would know all the " cussedness " that every other boy knew.

Although there rarely are more than two or three children held at any one time, there have been occasions when a large number have been detained. Under such circumstances bad results are inevitable, and a home so arranged and conducted may actually be working harm to the children kept together there.

Children when detained should be kept apart and the ideal detention home should be large enough to allow this.

Excerpt from the Annual Report of the Children's Court and Chief Probation Officer:

Total arraignments of juveniles		539
Juveniles convicted	493	
Dismissed, complainant not appearing	13	
Paroled generally	24	
Tried and dismissed	7	
Cases pending	2	
Total arraignments of juveniles		539

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Foreign born	53
American born	486

DISPOSITION OF CONVICTED JUVENILES

Total number of juveniles convicted		493
Number committed	133	
Paid fines or restitution	52	
Deferred or suspended	308	

Excerpt from the Annual Estimate, City of Syracuse, for 1919:

PAID FOR JUVENILE DELINQUENTS

Rent	$ 900.00
Male attendant	1,000.00
Female attendant	400.00
Housekeeper	547.00
Assistant woman surgeon	150.00
Supplies, telephone, equipment, etc	2,150.50
Total	$5,147.50

For a total expenditure of $5,147.50 to care for a total of 539 juveniles, only a few of whom are committed for the full period of thirty days, but for whom a majority would not exceed an average stay of more than four or five days, it would seem that the city should provide very much better care than it does for these children. For a slightly larger outlay of rent, a large airy building away from the noise and heat of the city and yet available by street car ought to be obtained. Fourteen hundred dollars and maintenance ought to obtain a young man and wife with some social training, liking and understanding for so-called " bad boys," with a natural aptitude for dealing with them. Outdoor play and recreation and a good wholesome environment for these children under sympathetic supervision, certainly should be the least the city should aim to provide for them.

Society for Prevention of Cruelty to Children

For the past twenty-five years of its history, 1882-1907, the S. P. C. C. has handled 9,914 complaints with 14,143 children involved. 1905 seems to have been the year of its maximum activities, 1,009 complaints, involving 1,429 children, having been handled.

From 1905 the number of complaints and children involved decreased until only 416 complaints were received, of which 412 were sustained, involving 757 children, as reported in 1918. Presuming that the society has been active since 1907, this is a very creditable showing for the City of Syracuse. For without intending to depreciate the work done by the S. P. C. C. and similar organizations, their existence, or the necessity for their existence, is a reflection on the social conscience of the community.

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Of the 412 substantiated complaints handled by the S. P. C. C. in 1918, 149 cases were brought into court, and of the 147 children involved, 102 were sent to various children's institutions. *Committing a child to an orphan asylum may be a temporary alleviation of the child's condition. It is not a solution of the problem.*

The 102 children committed to children's institutions, for the most part, came from homes where drunkenness, poverty, cruelty and crime are a part of the daily environment. Such conditions are always associated with mental defect and degeneracy. Even a casual examination of these children reveals a large percentage of feeblemindedness and other mental defects among them. *These mental defectives along with the normal children are committed to the orphan asylums, from which, if they are physically attractive, they are in due time placed in the homes of unknowing families; or after adolescence, they are "graduated" into the community to begin a life but little removed from that of their parents, and to furnish further problems for the S. P. C. C. in their children and their children's children.*

And what about the parents? A person who cruelly assaults a helpless child or who habitually neglects and refuses to care for a child, merits the suspicion that he is not normal—that he is addicted to drugs or to alcohol, or that he is feeble-minded, insane or degenerate. Removing a child from such a person's care or custody is a humane thing to do, but to leave these persons free to continue to bring their own kind of children into the world only to be similarly treated and similarly removed is about as effective a procedure as to try to bale the Erie Canal with a hand dipper. *The only cure for cruelty and neglect to children is to prevent it—by caring effectually for the type of person who is so mentally irresponsible that he is capable of that sort of offense.*

The work of the S. P. C. C. would seem to be somewhat duplicated by the Children's Court, although they have a function somewhat apart. The S. P. C. C. has the special advantage of being almost wholly removed from political influence and can and does undertake investigations that would probably not otherwise be undertaken.

The S. P. C. C. is supported by an appropriation from the city of $1,200 annually and from the county of $1,000. Approximately an equal amount is contributed by individuals. In view of the small total budget, it would seem that the duplicated expense of offices, telephone bills, records and fixed charges hardly seems warranted. By co-ordinating their work more closely with the Children's Court or with the Associated Charities or similar existing

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organizations, much of this expense could be spared. If the total budget for the Society could be invested in the salaries of two socially trained officers and expense allowance, they could take care of the present number of cases much more easily than one can handle it now—and could do a much more effective service for the children of Syracuse.

Children's Institutions

The State Board of Charities makes one annual inspection and report on all charitable institutions. These reports are filed at Albany. A copy is furnished each institution inspected.

In view of the confidential character of these reports they are not available to the public except as the management of each institution desires to release its own report. This policy of the State Board of Charities has its advantages as well as its disadvantages, but every thinking person must hope for the day when all charitable institutions, especially those for children, will be so conducted that the managements of those institutions and the State Board of Charities will be proud to make public the record of their inspection and achievement.

Onondaga County has four children's institutions concerned exclusively with children under sixteen years of age. These institutions are as follows:

Name of Institution	Average number children for year ending June 30, 1919	Average (per week) per capita cost	Investment and equipment
Onondaga Orphans' Home...	199	$4.95	$117,027.82
St. Vincent's Asylum	223	2.90	139,000.00
House of Providence.....	192	3.85	183,125.00
St. Mary's Maternity Hospital and Infant Asylum	93	4.81	20,000.00

To the per capita cost of maintaining children in an institution should be added the amounts expended from the various contingent and special funds and the interest on the amount of the investment in plant or equipment. In the Onondaga Orphans' Home, the amount from the contingent funds is $6,410.15. A 6% interest charge on the investment, which is $117,027.82, would be $7,021.67. Averaged and added to the weekly per capita cost makes a total of $6.24.

The reports of the Onondaga Orphans' Home are selected for this discussion because it is a public institution, supported partly by official appropriation and partly by private subscription, and because it is rather typical of the usual children's home.

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In the Onondaga Orphans' Home the total amount spent during the year ending June 30, 1919, for maintenance was $51,332.68. This amount was spent for:

Labor and salaries	$15,284.06
Food	18,654.79
Clothing and supplies	14,360.24
Insurance and taxes	875.45
Repairs	2,156.86
For placing children in foster homes	1.28

The annual report of the Onondaga Orphans' Home for 1918 shows expended:

For recreation, from contingent fund (magazines)	$ 5.25
Christmas shopping	150.00
Hospital salaries	1,010.00
Hospital supplies	239.24

The above does not necessarily mean that the total amount spent for recreation and health provided for these children is contained in these last three amounts, for undoubtedly many gifts and pleasures were bestowed by generous donors. But one looks in vain for records of moving pictures, games, scout activities, gymnasium activities, outdoor sports equipment, money for spending and saving, and for the large variety of interests of normal children's lives. These things are just as necessary as are food, clothing and shelter if these children are to have a well developed and well ordered existence.

No record of health was included in the report of the Onondaga Orphans' Home for 1918, except the statement that there were no epidemics and very little sickness. The amount spent in the hospital is no indication as to the amount of hospital service Also there is no record of any expenditure for medical and dental service. The work done by the medical staff was volunteer, and medical work other than done by them was done at the Free Dispensary. The medical service is at the present time being reorganized. At the time of the visit to the institution there were no health records kept in the institution and there was no provision for a complete physical or mental examination when these children were admitted.

A cursory glance at the children indicated that there are the usual large numbers of children with bad teeth, adenoids and tonsils, stoop shoulders, and who are aenemic, underweight and otherwise needing attention, that are to be found in the average institution. There is no provision for detecting and separating the feeble minded children from the normal, although it is a well known fact that there is nothing so subversive of discipline and nothing which exerts quite the degenerating influence on normal

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children, as the presence of even one feeble minded child among them.

The 1918 report does not reveal any system of planned menus for feeding the children, and the small amount expended in kitchen labor and salaries would not indicate any extensive planning by experts of balanced diets or planning of meals adapted for children of different ages. At present it is reported that this planning of meals is done by the superintendent and the housekeeper with the advice of the physicians on the staff, and that the management is making plans to get an expert dietitician for this work by the beginning of 1920.

In the near future, the Onondaga Orphans' Home proposes to build a new colony home for its children. The medical staff proposes a reorganization to give every child the medical and dental attention which it requires. Even with these changes, there are still many improvements which need to be made before this institution is entitled to a rating of Class A.*†

Children are received into the four children's institutions in Onondaga County legally upon order of the State Board of Charities, County Superintendent of the Poor, Town Overseer of the Poor, Justices of the Peace and the Police Justice. In some of the institutions, they are also boarded by their parents or guardians. Most of the children in these institutions are orphans, half orphans and children whose homes are temporarily broken up. Another classification would be the physically and mentally fit, and those who are crippled or mentally deficient. Among the several classes are those who are adoptable and those who have home ties which need to be respected. *The usual institution classification is by age and size;* and so ailing and well, crippled and whole, bright, dull and feeble minded are classed together, regardless.

The normal child belongs in a home. No institution, however admirable its arrangements, can take the place of a home in the life of a child. To the sentimentalist perhaps the row of little white beds with the rows of uniformly garbed children is a pretty sight. To the child, it is a tragedy.

On the basis that every child needs a mother, every adoptable child in every institution ought to have a home found for him at the earliest possible moment. To do this fairly, the child needs first a thorough physical and mental examination and immediate attention to any corrective work that may be necessary. He needs

*For information as to how institutions are rated, see Handbook of Child Hygiene, Kansas State Board of Health Bulletin, August-September, 1918.

†Many of these changes have recently been effected.

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perhaps also a little "mothering" to make him physically attractive and to fit him for the position he is to take in someone's home. The paucity of the institution child's experiences and his unfitness to meet the demand of a home, can only be appreciated by those who have been working long with the problem. To find the right home for every child who can and should be adopted in Onondaga County, or to find a proper boarding home for those who need boarding temporarily, will take the combined best efforts of all the institutions and the child placing agencies. It can not possibly be attempted or compassed by the present system of unrelated child placing activities.

Under the Child Welfare Act a widowed mother *may* be allowed by law for maintaining her children in her home, a sum equal to the cost of maintaining them in an institution. But the Child Welfare Board studies the needs of each particular case and seldom grants the maximum amount which may be granted by law. As children are committed to the various institutions by officers of the poor, it is reasonable to assume that such children are or have been sent to these institutions because of poverty. *Every such child should be taken out of these institutions just as quickly as it may be done and the grant for their keeping made to the mother instead of the institution. If the present maximum grant is not sufficient to enable the mother to maintain them, it should be increased. The purpose of the Child Welfare Act is clear, and if any Onondaga County children are committed to institutions because of poverty, it is because the law is imperfectly drawn or improperly administered. Either condition should be remedied, and in the meantime the law should be put into operation to its fullest extent.*

With the adoptable and boarding children provided for, there remain the following groups: The crippled children who require long hospital care, the feeble minded who require special training and segregation from normal children, the children of delinquent or wayward tendencies who need a restraining influence or discipline. *How hopeless it is for the four institutions of Onondaga County to attempt to care for all types of them together!*

To give the crippled, defective and delinquent children of Onondaga County a square deal, or even to give them the benefits of the laws already provided for their benefit, will require what is in effect a central clearing agency for all such children. And all children's agencies, or any organization or individual presuming to care for children, should be required to conform to the standards set by supervising experts.

This central clearing agency, with examination and clinical

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facilities, and temporary detention quarters where simple treatment may be undertaken, should be an important part of all the work for dependent, defective and delinquent children of Onondaga County. Only some such system will " salvage " the most of these broken lives and will give each individual child the best environment for the development of his talents, whether they be few or many.

Children's Clinics

Free Dispensary

1. Dental—half-time dentist, daily, 9 a. m. Salary paid by the city.
2. Orthopedic—two clinics a week, Tuesday and Thursday, 1:30 p. m.
3. Pediatric—daily, 9:30 a. m.
4. Psychiatry,two clinics a week, Monday and Friday, 9:30 a. m.
5. Eye—four clinics a week, Monday, Tuesday, Thursday and Friday, 1:30 p. m. City pays for refraction of eyes of school children.
6. Nose, throat and ear—four clinics a week, Monday, Tuesday, Thursday and Friday, 1:30 p. m. An effort is being made to include in the next city budget provision for paying doctors in attendance at the Free Dispensary for tonsil and adenoid operations of school children.
7. Venereal diseases—two clinics a week, Monday, Friday, 1:30 p. m.
8. General surgery—daily, 9:30 a. m.
9. Infantile paralysis—one clinic a week, Tuesday, 9 a. m. to 4 p. m.
10. Diseases of skin—two clinics a week, Monday and Friday, 1:30 p. m.
11. Wasserman blood test—Tuesday, 1:30 p. m.

Jewish Communal Home

1. Full time dentist has been in operation since December 10, 1918. From that time up to September 23, 1919, total number of patients treated, 395; total number of treatments, 659.

Delaware School

1. Full time dentist for school children, paid by the city through the Department of Education.

Nutrition Clinics

Under Direction of Child Welfare Committee.

For well babies, aiming to instruct mothers in the feeding and general care of their children up to three years of age, and to institute children's health centers for the districts selected.

1. Delaware School—Thursdays, 3 p. m.
2. Blodgett Vocational High School—Wednesdays, 3 p. m.
3. Townsend School—Tuesdays, 3 p. m.
4. Emma Willard School—Thursdays, 3 p. m.
5. Cleveland School—Fridays, 3 p. m.
6. Frazer School—Wednesdays, 3 p. m.

This list of children's clinics indicates that there are perhaps as many clinics for children in Syracuse as there are in the average city of the same size. Perhaps there are more because of the

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presence of the Medical College. But there are not nearly enough to meet the need.

The Free Dispensary is sufficient to take care of the physical and mental examination and to undertake the medical and surgical treatment of the indigent children if full use were made of its facilities and the children's work were properly organized. The services of this clinic are *not* utilized to the greatest possible extent by those agencies having dependent, subnormal and delinquent children under their care, and for all those children dependent upon public support or assistance.

The medical profession in general, and the specialists in particular, can take care of all children at the other end of the social scale, children of the well-to-do and the near well-to-do. The medical profession also devotes no little time and energy to the free care of the relatively poor, both in clinics and in private practice. Between these two social extremities are the large and steadily increasing middle class group of children who cannot afford the services of the private doctor and who cannot accept charity. There is also a very large group of parents who do not recognize the need of their children for medical attention, and a considerable group who will not procure such attention even when the need is pointed out to them. There are consequently hundreds of children whose eyes, ears, teeth, and bodies are doing without the required medical attention. This will greatly impair their health and usefulness as adult citizens.

The public school clinic in time, as it extends is scope, will take care of an increasing number of these children, but for the immediate present, and especially for cases requiring hospitalization or extensive medical or surgical care, provision will have to be made in another way. A children's clinic established as a part of the activities of the proposed health center recommended by the Onondaga Health Co-ordination Committee, co-operating with the Medical College, the medical profession, the Free Dispensary and other agencies, could provide specialists and laboratories and would give these children at a nominal cost such medical attention as they need. All that the situation in Syracuse needs is *organization.*

Child Placing

Adapted from the Annual Report to Board of Supervisors, December 14, 1918, County Child Placing Agent:

During the last session of the State Legislature a bill was introduced, passed and signed by the Governor, authorizing the board to create a Department for Placing Dependent Children and

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to appoint a commissioner in charge of said department, which in effect divorced the former department from the supervision of the Superintendent of the Poor, under whose authority all activities had been carried on since the creation of the agency in 1906. No change, however, was required as to the plans under which work has been carried on during the years past; merely the creation of a department separate and apart from any other. This change became effective after the meeting of June 3rd.

This department, since July 10th, 1918, has not been allowed to place any child chargeable to the City of Syracuse by order of the Commissioner of Charities. This is a radical change in the methods followed for over twelve years.

During the fiscal year 1918, ending October 31st, ninety-two children have been placed; seventy-three for the first time, and nineteen replaced, which means a financial saving to the tax payers of $15,184.00. Thirty-six have been adopted and three have died. Eight hundred twenty-three visits have been made, which includes not only those required for new investigations, but also for the supervision of children placed in former years. Until children are adopted, at least one visit per year to the home is required by the State Board of Charities.

So great is the demand for children that during the past month fifty applications have been received and it has been impossible to supply more than one-fifth of this number on account of not having desirable children of the required age.

From previous annual reports it is learned that this Commissioner of Child Placing has placed in thirteen years a total of over 750 children. As it is required by the State Department of Charities that these children be visited at least once each year until adopted and as it is good practice even after adoption to keep in touch with them once each year or oftener by visit or letter, it will be seen how physically impossible it is for one commissioner to attend to the necessary visiting alone, to say nothing of finding homes for new children and placing them.

From the Annual Budget for 1918:

COMMISSIONER OF PLACING DEPENDENT CHILDREN

Explanatory Items		Appropriated Items
Salaries		$2,180.00
Superintendent	$1,500.00	
Stenographer	480.00	
Emergency employees	200.00	
Expenses		2,250.00
Traveling expenses	900.00	
Postage, stationery, etc	150.00	
Telephone and telegraph	125.00	
Office furniture and fixtures	60.00	

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Traveling expenses (convention)	150.00	
Maintenance, automobile	765.00	
Other expenses	100.00	
Total		$4,430.00

In addition to the $750.00 annually appropriated for traveling expenses by auto, an additional $900.00 is provided. This was explained as necessary to cover the expense of the commissioner in visiting children or homes in various parts of the state, Buffalo, New York and other cities. It would seem that with the enormous amount of work in Onondaga County, the commissioner would have no time for distant visiting. Also that it would be a great saving of time and money to have such visiting done by the commissioner of child placing of that county, and the commissioner of Onondaga County to reciprocate by visiting children from other counties who have been placed here. This extra expense money might be utilized to better advantage to employ an assistant to the commissioner. This is a matter which might be investigated to good advantage by the State Department of Charities.

There is a tendency, and it is a distinct advantage to parents adopting a child, to procure one from a distant part of the state or even from outside the state, because of the lessened likelihood of being molested by the child's relatives. There is also the greater opportunity of finding just the right child for the right home by having the larger field for selection. This would seem to open up a great opportunity for the State Department of Charities to maintain a record of all homes open for children and a record of all adoptable children and to use its offices in a capacity to bring the two together.

Adapted from the report of the Child Placing Agent for the City of Syracuse:

The city agent places only children chargeable to the city. These children may be placed by the agent in any part of the state. This city agent occasionally investigates homes in this city for placing agents of other cities and counties.

The city agent does not co-operate with the county agent nor with other agents throughout the state in the matter of finding homes or placing children.

During the year July, 1917, to July, 1918, the city child placing agent placed twelve children in free homes, seven in boarding homes and returned fifteen to their parents or guardians. During the year 1918-1919 fourteen children were placed in homes, eleven were placed in boarding homes and two were returned to their parents. In July, 1919, there were twenty-nine children being visited in free homes and seventeen in boarding homes.

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Before a child is placed in a home by the city agent, a careful investigation of the home is made and the child is visited at least once a year, as is required by state law. The child is given a thorough physical examination and any physical defects are corrected. *There are no adequate facilities for a mental examination.* The history of the parents is taken wherever possible, but frequently the agent is able to obtain very little information. This is usually the fault of the committing office or organization, for unless a child comes from a distant part of the state or is an orphan, it is essential to get the record of parents or guardians in order to take a child from their custody.

What has been said about co-ordinating the work in the state needs to be said with particular emphasis concerning child placing relations between Onondaga County and the City of Syracuse. Each has an agent going her own way independently with no official connection or co-operation in the interest of the children. People waiting to adopt a child generally want a child of a particular age, sex, complexion and characteristics. To find just the right child for them requires a careful search and a large selection. At the earliest possible moment, some governmental authority or private agency should make a list of all the available homes for children, and if more are needed for the special children available, a canvass for them should be instituted. At the same time all the children available for adoption should be listed, and then this puzzle should be put together so that resulting order may be brought out of the present condition of chaos and inefficiency.

It is gratifying to know that there is at present an excess number of homes over the number of children to be placed. But in justice to these homes, scrupulous care needs to be exercised to prevent the placing in them of children from feeble-minded, insane and degenerate parents whose defect is of inheritable nature. To avoid such possibilities each child before he is placed should have a thorough physical, mental, inheritance and environmental examination, and only such children as are free from serious defects should be placed, except the family be advised of the possibility of the development of such defect and arrangement be made whereby such child may be returned to state control.

Child Welfare and the Mental Defective

No program for child welfare can proceed far without finding its work hampered and in certain instances brought to a complete stop by the problem of the mentally defective and disordered, both

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parents and children. This group includes the syphilitic, feeble-minded, epileptic, alcoholic and drug addicts, and the insane.

Of this group the syphilitic and the feeble-minded are perhaps the most frequently encountered in problems of child welfare. The feeble-minded are the most troublesome because of their comparatively large numbers, unfailing inheritableness of their condition, their tendency to large families and their high child mortality rate. That they are the most troublesome is due to the fact that as yet no adequate provision has been made for taking care of them.

If a child is *one year* retarded in school, he may very often catch up with his proper classes by being given some special assistance in his difficult studies. *This is the time for the child to have the special teacher or the benefit of the ungraded room.*

If a child is *two years* retarded in school, the chances for his catching up with his proper grades are less than *half* what they were when he was only one year retarded. Such child should be removed to a special class and not be permitted to be a drag on the rest of the class and take an undue proportion of the teacher's time.

If the child is *three years* retarded in school, and has attended school with reasonable regularity, is not blind or deaf, suffering from malnutrition, nasal obstruction, tuberculosis or other infections or is not hampered by language difficulty, such a child, in all probability will never catch up with his proper classes. For practical purposes this child may be regarded as mentally defective and should be removed to a special class where the training can be adapted to his ability. And after a psychiatric examination is made to determine the type of mental defect or disorder, he should be removed at or before adolescence to a proper custodial institution, especially if he cannot be kept under close and careful supervision at home. This class of children whose mental defect or disorder can perhaps be ameliorated but cannot be cured, has been found to vary from less than one-half of one per cent to three and one-half per cent of the school population.

Mentally defective children are not only a drag on the normal school room but they exert a distinctively degenerating influence on the normal children with whom they come into contact. Near the age of adolescence, they "graduate" to the street or to the lowest grade of unskilled labor. Without competent supervision they become drifters, vagabonds, petty criminals, street walkers, spreaders of venereal infection and paupers, exhausting alike the funds and the patience of charity. With their constant repetition of offenses against the law, they clog the courts as they enter a

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weary round of jail, almshouse, reformatory, hospital and charitable institutions which ends only with a permanent custodial committment or a merciful death.

The tendency to pauperism and crime of the mentally defective pales into insignificance before the appalling prolificness of this sort of stock. The number of children born to the feeble-minded mother is 7+ compared with less than 4 to the normal American mother. Thus this type of family is increasing at nearly twice the rate of the normal population. The mental defect is transmitted from generation to generation with no tendency to " run out."

Fortunately the high birth rate of mentally deficient stock is also accompanied by an unusually high infant mortality rate (except where medical science interferes with it). But even then at a conservative estimate the mental defectives, particularly the feeble-minded, if they are not controlled, are prone to treble themselves every generation.

The time to take care of a mentally defective person is not when he has developed acute mania and assaulted or killed somebody, or after he has married one of his own kind and burdened the community with his large brood of illy kept, defective children, or after the feeble-minded girl has given birth to one or more children, born out of wedlock. These defectives must be cared for while they are still in the grades. Then they can be removed to competent custodial care and under intelligent supervision they can become in a measure self supporting and correspondingly happy.

After all, the rights of the mentally defective child are to be considered first in the matter. No one would care to be born of feeble-minded or mentally defective parents. Why permit this gross injustice to be done thousands of innocent little children every year?

To be born right is half the battle of life. Without it the child is hopelessly handicapped, and those who would save his life are spending time and energy which so far as society is concerned is of questionable value. The problem of social welfare is not well begun until every child is born of parents physically and mentally sound.

The State Commission for the Care of the Feeble-minded was created by the Legislature of 1918, in response to a very general feeling that some administrative organization should take over the problem of mental defect in the state. It was desired that the commission should be for mental defectives in a smaller way what the state hospital is for the insane. By the original law,

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certain general powers and duties were outlined and later amended by the Legislature of 1919:

GENERAL POWERS AND DUTIES OF THE COMMISSION

The commission shall

1. Administer the law in relation to the custody, care and training of mental defectives;

2. Prepare and keep a record of mental defectives in the state as defined in the preceding article and provide accommodations for all such as require care and training in suitable institutions; and for this purpose the education department and any other state agency shall furnish such aid and information, within its power, as the commission may require;

.3 Have power to establish and conduct or to take part with other state departments, municipal and incorporated hospitals in the establishment and conduct of mental clinics in such places and at such times as in their judgment shall seem to be best;

4. Direct the transfer of inmates on the original order of commitment to another state institution for mental defectives where they can be conveniently received, whenever in its discretion, a state institution for mental defectives shall become overcrowded with inmates, or the number of buildings shall be reduced by fire, or for other cause, the expenses of such transfer to be paid for from funds provided for the maintenance of the state institution from which the inmates are transferred;

5. Report annually to the legislature its acts and proceedings for the year ending June thirtieth, last preceding, with such facts in regard to mental defectives as it may deem necessary for the information of the legislature, including an estimate of the number of additional beds, if any, that will be required for the accommodation of mental defectives during the ensuing year;

6. Recommend to the legislature when necessary the establishment of new institutions and the type thereof;

7. Determine from time to time the capacity and population of each of the state institutions for mental defectives and incorporate a statement of such capacity in its annual report to the legislature.

Their secretary further outlines the scope and plans of the commission as follows:

The first piece of work attempted was the formulation of a Mental Deficiency Law, which should standardize the legal enactments for each of the four institutions and provide for judicial commitments. This law changed the name of the commission to its present title.

The matter of the census as viewed in its connection with the need for more beds for mental defectives in the state has been pushed as rapidly as possible, and this year the commission will recommend to the Legislature that appropriations be made for additional construction to bring the total institution capacity for mental defectives up to the 10,000 mark. Besides this there is a growing

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interest in the proposition of meeting the needs of mental defectives more quickly by means of rentals of available and equipped property. This involves further experimentation with the colony scheme, which seems to be the most immediate answer to the problem. The commission also hopes to accomplish something in the way of prevention by a proposed system of probation work with the sixteen-year-old discharges in the ungraded classes. As yet no funds are available for this work, but request for this purpose will be made at the 1920 session of the Legislature.

In *Onondaga County* the quota of the feeble minded inmate population in the state institutions is as follows:

Institution	*Males*	*Females*	*Total*
Rome	45	18	63
Syracuse	9	24	33
Neward	..	23	23
Letchworth	..	..	..
			119

The following table indicates that while the population of Onondaga County is 2.2 per cent of the New York State population, the county has already sent 2.99 per cent of the defective inmate population to state institutions. This may mean simply that Onondaga County officials have been more active in the matter of committing their mentally defective persons.

New York State population (1915 census)	9,687,774
Onondaga County population (1915 census)	213,992
Onondaga County quota in state institutions (on basis of population)	2.2%
Total number defectives in state institutions (Oct. 1, 1919)	3,971
Onondaga County inmates in state institutions	119
Percentage total inmate population	2.99%

What relative proportion these 2.99 per cent, or 119 individuals, bear to the total number of defective persons of Onondaga County who should have institutional care is unknown, but it is certain that there are many times more mental defectives at large in the community than there are in institutions or under supervision. At the present time, there are a considerable number of children and young adults in the various Onondaga County institutions, public schools, Juvenile Court and at large whom the authorities cannot commit to state care because of lack of provision for their case.

That this condition is not peculiar to Onondaga County, but that it is more or less state-wide, will be seen from the following excerpt from the 24th Annual Report of the Rome Custodial Asylum, Legislative Document No. 69. This entire report should be read by all who are interested in child welfare:

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We are receiving many applications for a great many babies and small children, many of them paralytic, and also many applica-

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tions for feeble-minded mothers who are pregnant or feeble-minded mothers with little babies under one year of age, as a result of which we have opened a maternity and also a nursery department.

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The pressing need for beds for delinquent feeble-minded, males and females, becomes more and more apparent. Of all the applications received at present at least two-thirds are for this delinquent class. While we continue to take in as many of them as possible, keeping our department for male delinquents overcrowded to the extent of 75 to 90 in a ward which was built for 50, and our female department overcrowded to the extent of 80 in a department which was built for 40, still only about 10% of the current applications can be accepted. All others are deferred indefinitely until vacancies occur. We have over 200 such deferred applicants for admission on file awaiting admission, as well as an additional 300 of the ordinary run of dependents and defectives that are being neglected today with no actual provision for them. It seems that the time has come when either these delinquent feeble-minded must be provided for in special buildings in connection with existing institutions for the feeble-minded or new institutions in the state which are only partially filled (half or less) should be taken over for this special class of defectives.

It is very clear from these reports that Onondaga County need not expect relief from the state in caring for the mental defectives in the immediate future and that pending such relief at some future time, Onondaga County must make her own provision. The report makes it also very clear that the problem of the mental defective for a state is so very large that there is serious question as to whether or not the state will ever be able to house and provide custodial care for even the group of mental defectives for whom custodial care is imperative. Certainly the state will never catch up with the problem if the mental defectives now free in their various communities are permitted to increase the problem with their defective offspring.

At this writing the Onondaga County Orphans' Home has the plans assured for a new institution. The present structure can house about 200, and under supervision by the state would make a very satisfactory temporary home for mentally defective children. This organization is recognized by law so that children can be committed to it by the courts, and some parents would gladly board their children in a home which was near by. By admission of the adult feeble-minded, who can perform useful labor, the per capita cost can be reduced. It is found that some grades of the feeble-minded make the best sort of attendants for mentally defective children and can perform most of the ordinary household and garden labor. The present $4 per week, which is allowed by the

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city and county for maintenance, might be increased and other ways can be found of making up the deficiency of about $2.00 per week for a child.

But whatever the cost, it will be infinitely cheaper to corral and house the mental defectives with and without delinquent tendencies, than it is to allow them to be at large in the community committing depredations, lowering the moral and mental tone of the children with whom they come into contact and burdening the community with their offspring.

Summary of Section VI.

1. Establish under trained supervision a central children's service which shall be in effect a clearing house for information and assistance for all children, particularly the dependent, subnormal and delinquent group. This service can also organize the examination and treatment of all such children so as to utilize to the fullest extent the Free Dispensary and other clinics, and to provide each child with at least one physical and mental examination and the necessary treatment. This service might be arranged for either by the Division of Child Hygiene of the new Department of Health for the City of Syracuse, or in connection with a proposed health center recommended by the Onondaga Health Coordination Committee, or by the Associated Churches and Charities.

2. Co-ordinate county and city child placing and provide for closer co-operation between the county and city child placing agents, the children's institutions, the courts and the available homes for the boarding or adopting of children. Co-ordinate the work of the Onondaga Child Welfare Board (in charge of administering widows' pensions) with the above agencies.

3. Establish, through district health centers, clinical facilities for treating all children needing medical, dental or surgical attention.

4. Provide *at once* temporary quarters for mentally defective children, especially those with delinquent tendencies, pending such time as better provision can be made for taking care of them by the state.

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VII.

General Welfare Affecting Children

Milk

Milk is the one indispensable food for children. No substitute can take its place in their diet. Therefore any program for child welfare must include an adequate and safe supply of milk, and at a cost within reach of all children.

There are 600 dairies supplying the City of Syracuse with milk. In round numbers 47,000 quarts of milk are consumed daily. About two-thirds or a little over 31,000 quarts are bottled. Practically half the entire amount is pasteurized.

There are between 16,000 and 17,000 children under school age in the City of Syracuse and between 13,000 and 14,000 grade school children who could consume to advantage an average of a quart of milk each daily. It is impracticable even to attempt to estimate what proportion of this 31,000 daily quarts of bottled milk is used in children's diet and what amount is consumed by the adult population. But it is clear that if the whole amount of bottled milk were consumed by the children it would be none too much. To know even approximately how much milk any number of children are actually getting would require an investigation which is quite beyond the possibilities of this report.

A properly drawn ordinance for the protection of milk for cities includes inspection and enforcement of the following requirements: healthy cows; clean dairies and premises; clean operators, free from communicable disease; facilities for hot water and steam for sterilizing all milk utensils; and proper provision for immediately cooling all milk, bottling it and keeping it cool. To determine whether milk is produced under such conditions requires frequent laboratory examinations of the milk and inspections of the plant where it is produced.

The present city Sanitary Code as amended February, 1914, permits the City Health Department to classify and grade milk. The system in use in Syracuse is somewhat more stringent than is required by the state laws. It compares very favorably with the model ordinance for milk inspection, except that dipped milk is permitted to be sold for drinking purposes, and there is no super-

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vision over the health conditions of persons handling milk and food supplies. Some states and cities have by legislation and ordinance required a periodical health examination of all such persons.

The City Department of Health classifies milk as follows: Certified; inspected; and market milk, grades A, B and C. All milk sold in the city must be labeled according to its grade and if pasteurized must be so labeled. Milk before pasteurization must not contain more than 250,000 bacteria per cubic centimeter.

Certified milk, or first class milk, is certified monthly by the Milk Commission of the Onondaga Medical Society so long as the production and sale meet the requirements approved by the American Association of Medical Milk Commissions. *Certified milk only should be fed to children under two years of age.*

Inspected milk requires the herd to be tuberculin tested, milk to be bottled at the farm, dairy to score 90 or above and the dairy to be scored once a month.

Market milk requires that the dairy attain a score 65 or above, and be scored once a year; herds are not tuberculin tested. Market milk is given three grades—A, B and C.

Inspected milk and market milk, grade A, pasteurized, may be used for drinking purposes by children. No dipped milk or milk sold in bulk should ever be fed to children. Market milk, grades B and C, should be used for cooking only.

The Department of Health publishes a list of distributors of Certified, Inspected and Grade A market milk. It also keeps the record of each producer and distributor of milk, which is open to inspection by consumers, and it will give advice and information concerning a milk supply for particular purposes. Parents of little children should make free use of this service.

The system of classifying and grading milk as formulated by the Syracuse Bureau of Health is of distinct benefit alike to the milk producers, distributors and consumers. If a dairyman makes improvement in the physical condition of his herd or dairy, or improvement is made in the distribution or quality of the milk, the score is immediately increased and credit given for improvement made. The aim of the Syracuse milk inspection is to combine instruction with the inspection so as to impress upon the mind of the producer and distributor their responsibility in the handling of food, especially for infants; and at the same time to impress upon the consumer the value of clean milk as an article of diet.

According to reports of the city Bureau of Health there has not been a milk-borne epidemic in Syracuse during the past ten

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years. During this time milk from a great many dairies, where a contagious disease appeared either on the farm or at the distributors' homes, has been excluded from the city.

Even with an admirably drawn ordinance and a force of inspectors to carry out its provisions, there are still many problems of milk for children. The first perhaps is cost. At present certified milk is 22 cents per quart. Market milk is from 12 to 15 cents per quart. Even at the present high price, milk is one of the cheapest foods for children, rated according to food value. Not being acquainted with this fact, mothers are likely to spend money for patent foods for the baby, and for foods for the young children, which cost more and have less food value.

No doubt it costs more to produce milk this year than heretofore. But there is also no doubt but that improvement could be made in methods of production of milk, and in its handling, so as to appreciably lower its cost to the consumer. Notable among the extravagant and inefficient methods of handling milk in a large city is the multiplicity of delivery wagons covering the same routes. A central pasteurizing plant and central delivery plant either directly operated by the city at cost or very directly under the supervision of the city should be investigated with a view to a practicable working out of the milk supply for Syracuse. A central or supervised distribution would also do away with the common practice of very early delivery, which results in the milk being left in the sun or exposed to freezing temperature for several hours instead of being cared for immediately.

The milk problem cannot be separated from the ice problem, cold storage, water supply, waste garbage disposal, and other problems connected with the handling of foods and food supplies, which must be dealt with on a large scale in order to be handled economically or even at all. The question of foods and associated problems, especially as they relate to children of Syracuse will merit the study and best efforts of the Child Welfare Committee.

Public Health Protection

" The protection of the health is the first duty of the statesman " is a statement attributed to one of the world's greatest statesmen, Disraeli. Yet in some of our state and city budgets, the provision made for health protection, compared with the amounts allowed for the protection of plants, animals and buildings, would seem to indicate that many modern statesmen consider last, and of small importance, the protection of the health of people.

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At the last session of the New York State Legislature, a bill was passed creating a Health Commission for the City of Syracuse. This is a great forward step, for with the organizing of a strong, efficient Department of Health many of the health problems of children will automatically be solved. *The full time, trained health commissioner* is the sine qua non of a successful health department. He should be allowed full authority in selecting his heads of departments, each of whom should be especially equipped for that particular position.

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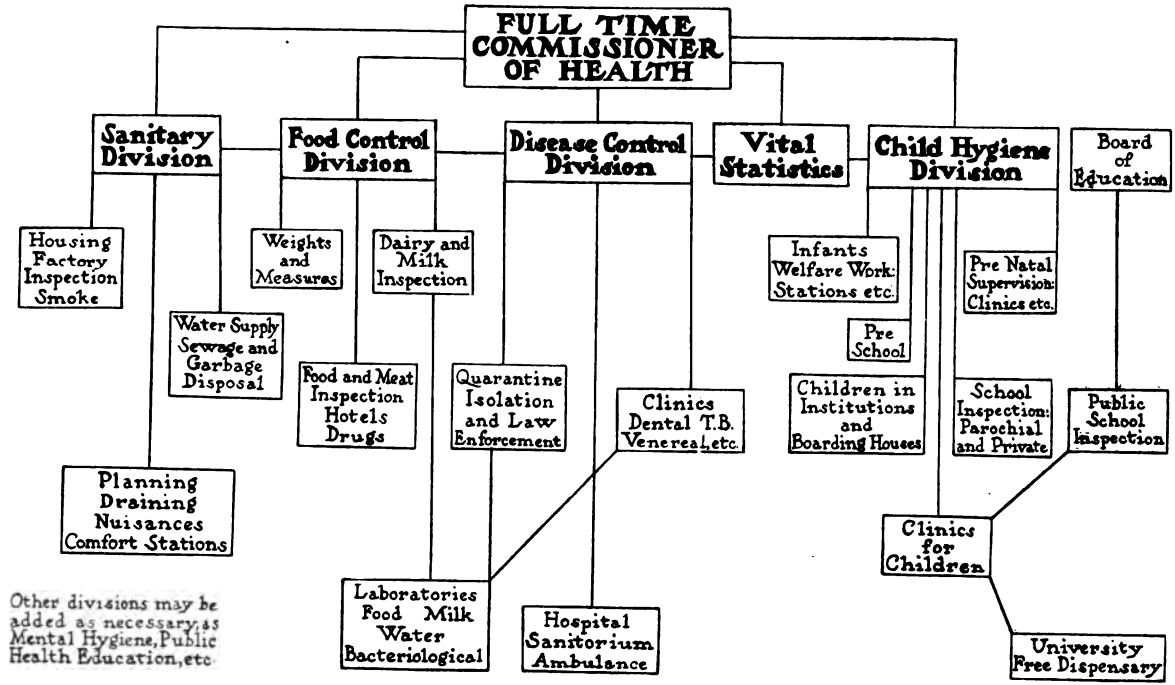
MUNICIPAL HEALTH ACTIVITIES


FULL TIME COMMISSIONER OF HEALTH
Sanitary Division
Food Control Division
Disease Control Division
Vital Statistics
Child Hygiene Division
Board of Education
Housing Factory Inspection Smoke
Water Supply Sewage and Garbage Disposal
Planning Draining Nuisances Comfort Stations
Weights and Measures
Dairy and Milk Inspection
Food and Meat Inspection Hotels Drugs
Quarantine Isolation and Law Enforcement
Clinics Dental T.B. Venereal, etc.
Laboratories Food Milk Water Bacteriological
Hospital Sanitorium Ambulance
Infants Welfare Work: Stations etc.
Pre School
Children in Institutions and Boarding Houses
Pre Natal Supervision: Clinics etc.
School Inspection: Parochial and Private
Clinics for Children
Public School Inspection
University Free Dispensary
Other divisions may be added as necessary as Mental Hygiene, Public Health Education, etc.

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The outline of a health department here given (see page 82) is suggestive only. However, fully as important as vital statistics, food control, sanitation, all of which are provided for by the present Bureau of Health, is a Division of Child Hygiene in charge of a full time physician, trained in public health problems dealing with children. This Director of Child Hygiene would have under his or her supervision Infant Welfare Stations, Prenatal Clinics and public, parochial and private children's institutions. Through co-operation with the Board of Education and with the Department of Medical Inspection, all health work for school children in the city would be co-ordinated. By co-operating with the University, children's clinics would be co-ordinated to prevent overlapping or neglect.*

By lectures and educational material and by active co-operation with all private and public agencies, the Division of Child Hygiene could in time bring about comprehensive and adequate health protection for the children of Syracuse.

Housing and Economics

Housing and economics play an important part in child welfare in the reduction of the infant mortality rate. Studies made by the Children's Bureau demonstrate both of these to be all important factors in bearing a direct relation to the baby death rate. Statistical information on the relation of these factors is not available for the City of Syracuse. The figures and percentages no doubt would vary somewhat from the figures obtained in another part of the United States just as they would vary widely in various parts of the city. *But the relation of these factors to infant mortality would remain the same.* So, for practical purposes the results of these investigations conducted elsewhere may be taken as an indication of the lines along which child welfare work must be extended if the baby death rate of Syracuse is to be brought down to its lowest irreducible minimum.

Housing and Infant Mortality*†

Low wages and small income for the family necessarily result in cheap rents and poor housing conditions. Bad housing and insanitary environment are accompanied by high infant mortality rates.

*Note: A Bureau of Child Hygiene under the direction of Dr. Theresa Bannon has been created since this writing by Dr. Henry A. MacGruer, Commissioner of Health, beginning January, 1920.

†Statistical tables and data from " Studies in Infant Mortality," Children's Bureau.

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The homes of 1,510 babies visited in the course of this study had street frontage; 129 had alley frontage. Conditions in and around alley and rear houses were found to be almost uniformly bad, and the infant mortality rate for babies in such houses was high. Live-born babies in these houses numbered 123, or 7.9 per cent of the whole number. These babies died at a rate of 227.6 per 1,000 live-births, while the death rate among babies in homes with street frontage and a good sanitary environment was only 159.4.

Room Congestion and Infant Mortality*

Room congestion has a direct influence on the infant mortality rate. Of the live-born babies included in this investigation 42.5 per cent came from homes in which the number of persons, exclusive of the baby, averaged less than one per room; 46 per cent in which the average was one but less than two; 6.8 per cent from homes in which the average was two but less than three; and one per cent came from homes in which the average number of persons per room was from three to five.

The infant mortality rate showed a steady increase according to the number of persons per room. Where the average number of persons to the room was less than one, the infant mortality was 123.3; where the average was more than one but less than two, the infant mortality rate was 177.8; where the average number of persons to a room was two or more but less than three, the infant mortality rate was 261.7.

Fathers' Earnings and Infant Mortality*

The infant mortality rate shows a marked and almost regular decline as the father's earnings become larger. For the group of babies in which the father's earnings are less than $450 per annum, the infant mortality rate is 242.9 per 1,000 live births, while the next group, in which the father earns from $450 to $549, the rate is 173.6. It rises very slightly in the next class, $550 to $649, to 174.5, and thereafter drops steadily with each advance in economic status. The rate, however, does not fall below 100 until the father's earnings reach $1,050 or more. Babies whose fathers earn $1,250 and over per annum have a death rate of only 58.3.

Syracuse is mainly a city of homes. There is little tendency toward the erection of the so-called tenement block or multiple

*Statistical tables and data from " Studies in Infant Mortality," Children's Bureau.

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dwellings. The majority of the inhabitants are housed in detached or semi-detached dwellings, designed originally at least for one or two families. In some districts there is ample provision for light and air, and for yard space sufficient to provide play opportunity for the children. In other districts there is a notable lack of such healthful conveniences.

Of late there is an unfortunate tendency principally among the foreign born, for four and sometimes five families to crowd into quarters originally intended to house but one or two. This results in the use of a common toilet with its attending unsanitary condition; overcrowding of the sleeping rooms, creating often an unwholesome relation between the sexes; a direct increase of the baby death rate in the families and a demoralizing influence on the children as well as on all who live in these unfortunate surroundings. Whether this crowding is due to lack of houses, to the high cost of rents and general living expenses, to greed or perhaps to a combination of these several causes would be difficult to determine. But it is a most unfortunate situation that should be prohibited.

Like Topsy, the modern city just grows. While a town is small the normal building, as regulated by the law of supply and demand, suffices for all ordinary needs in ordinary times. But as the town assumes the proportions of a city, the problems of sanitation and disease control increase in number and complexity. And when to that is added war, panics or times of stress—conditions which interfere with the normal building rate—a growing city is likely to face a serious housing problem. To prevent the possibility of such an occurence is immeasurably preferable to trying to cure it once it is established.

Some five or six years ago a Housing Commission was appointed for the City of Syracuse which undertook extensive investigation and made comprehensive plans for the improvement and beautification of Syracuse. One of the net results was a housing code for cities of the second class, which was passed by one session of the Legislature, only to be repealed by the next.

With the coming of peace and the failure to resume normal building interrupted by the war, because of strikes, high wages and cost of material, there is an especially great need just now for such service as a Housing Commission could render. There is need at all times, too, for an adequate housing code for all cities and provision for an adequate enforcement of regulations tending to reduce fire hazard, to prevent disease, to enforce sanitation, to

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prevent overcrowding, and for all purposes necessary to obtain healthful housing for all the population.

Economically the City of Syracuse is fortunate. The diversified industries of the city are a good insurance against periodic "hard times," as a dull period in any one business does not mean depression in all of them. In addition the city is remarkably free from the so-called periodic industries. Almost without exception, the employees of the large plants and factories can depend upon year round employment, within the natural limitations of all industrial projects. There are few industries which are inherently injurious to health, while those which depend largely upon women and girls as employees operate, in general, under wholesome conditions. At the present time, the demand for labor far exceeds the supply, and every indication points to a continuation of the favorable conditions outlined above.

Recreational Facilities

Syracuse has provided seven playgrounds and recreational centers, five of them ,Onondaga, Burnet, Lincoln, Schiller and Kirk, being in the public parks, and two, Frazer and Wilson, being play ground centers only.

The play ground work is under the direction of the Park Commission and is in operation for the brief period of the summer months only. Such opportunity as is present for recreational work in connection with the school equipment is under control of the Board of Education and in use mainly during the school session. It would seem to be poor business policy not to make the fullest possible, all-the-year-round use of all the equipment provided.

Apparently with this purpose in mind, a Recreational Committee was appointed by the Mayor in May, 1914. Among other members comprising this committee, are the Superintendent of Schools, Commissioner of Parks and Park Planning Commissioner, with the Sanitary Supervisor of the State Department of Health as chairman. This committee co-ordinates the educational, park, public safety and health authorities of the city by having as representatives the heads of these departments. The function of the committee is to formulate the policies governing recreational work and to see that the work is efficiently conducted. It is reported that this committee has acted in an advisory capacity only, but it would seem that there is a fine opportunity for them to forward in Syracuse an active constructive program in recreation.

The Child Welfare Committee, in the spring of 1919, appointed a Recreation and Play Ground Committee. Members of this com-

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mittee visited the play grounds in Syracuse and in two other cities during the summer to acquaint themselves with play ground work, to learn the city's needs and to determine what is being done to fill these needs.

Excerpt from the Report of Recreation and Play Ground Committee:

> Recreation centers, under wise and efficient guidance and vigilant supervision are a tremendous asset to the community. If otherwise conducted, they may be a menace instead of a benefit. This committee cannot urge too strongly the most careful supervision of all playground and recreational activities and equipment.
>
> The success or failure of recreation centers depends upon the director and his corps of assistants. To obtain the best results a full time Director of Recreation should be in charge of the leisure time activities of the entire community during the whole year. This director should be one who is thoroughly trained, efficient and conscientious. His corps of assistants should be carefully selected by competitive examinations covering qualifications of personality, adaptability and playground activities.
>
> The 1918 Year Book of the Playground and Recreation Association of America gives the following comparative statistics:

	Population	Aggregate number of weeks the play-centers under paid leadership were open	Expenditures, including upkeep, supplies incidentals and salaries
Syracuse	158,559	70	$11,900.00
Rochester	264,714	880	81,512.94
Buffalo	475,781	2,636	58,486.80

COST PER WEEK, EACH CENTER

Syracuse	$170.00
Rochester	92.63
Buffalo	22.18

> These statistics may not be correct, as our sources of information are the printed reports only. It seems, however, that while we in Syracuse have merely temporized with the whole question, our neighbors have definitely planned the work on a full time basis as a permanent institution and as a fundamental necessity for good citizenship.
>
> Syracusans have led the way in many improvements for better citizenship. It is the hope and belief of your committee that once the conditions are known and the great need for a larger and more constructive program is realized, we shall also become leaders in the field of city recreational centers.

The Children's Code

One cannot go very far in any direction towards obtaining a square deal for children without finding oneself hindered or stopped by some state law or regulation. And to find the law or laws which deal with the multiplicity of problems of child welfare, one

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is obliged to search throughout a greater portion of the statutes. Criminal laws and civil laws in most states have been codified, and brought into a semblance of unity. But the laws for children are still for the most part a patchwork of contradictions and obscurities and scarcely adapted to modern conditions for the handling of children.

Statutes have mainly to do with the protection of property and the punishments of offenders against law and order. The statutes take cognizance of the status of a child, as the law exempts a young child from punishment for crime. But where the law fails in its relation to children is that it does not look to the preventive side of offenses. In other words, legislation for children, to be effective and in line with modern ideas of child welfare, must throw such safeguards about the child, his home, his environment, as to make his offenses against the law practically impossible. To do this the laws relating to children need to be rewritten, following less the established principles in law and adopting more humane principles such as are being developed constantly by the latest and best discoveries in the science of child hygiene and welfare. Numerous instances could be cited where the present kind of statute in its effort to punish offenders against the law fails not only to protect the child but does him actual and irreparable harm.

An examination of the Syracuse police record shows that for 1918 and six months of 1919 there were six cases of assault and rape, actual or attempted, and thirty or more girls taken into custody on the charge of immorality, many of them found to be suffering with venereal disease. The campaign to stamp out venereal diseases must take into cognizance the fact that a considerable proportion of these street walking girls are high grade mental defectives, and incapable of reform. The present practice of interning them for a while until their diseased condition is ameliorated, only to return them to their old haunts until they are again apprehended, is a stupid, bunglesome, expensive, and altogether inefficient and unfortunate method of dealing with the problem. This problem, while more directly related to social hygiene, has also an important bearing on child hygiene, for some of these girls are found to be pregnant. What chance has a child born of a diseased or mentally defective mother, and a possibly unknown father?

The present statutes regarding assault or rape upon little girls do not take into account the fact that *no normal man commits this sort of crime.* This type of crime is peculiar to degenerates, and punishment of the offender is no deterrent unless the sentence

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be for life. *Why not commit this type of individual for life before he has had an opportunity to commit such crime?* A proper Children's Code of law would provide for just such contingencies and would forbid the being at large of feeble-minded and other types of mental degenerates, both male and female, from whom the next generation is never safe.

It would seem that, having permitted the opportunity for such crime as rape against a child, the law would from that time on make all possible reparation and in all its procedure the child's interests and protection would be of paramount concern. Under the New York State law for criminal procedure the exact opposite is the case. The alleged criminal is the one who receives the consideration, and to the irreparable injury which the child has sustained is added all the injury which the law can inflict through its methods of procedure.

Cases of alleged assault are first taken into police court or perhaps into the children's court. There the child appears and tells her story. Happily the City of Syracuse provides a woman physician to examine these children and to assist them with their testimony. If the evidence seems sufficient, the alleged offender is held for Grand Jury.

The Grand Jury, at the next session, examines the case. The child is brought again, and before a group of strange men she is obliged to go through the details of her tragic story. If the alleged offender is found guilty by the Grand Jury, he is remanded for trial to the court.

At the Court the child must appear again and in open court rehearse all the details of the crime. This time she probably also must undergo cross-examination which, even though of the kindest, will tear down the last shred of modesty and reticence which the child may have been spared up to this time.

The net result of this criminal procedure is that even the minutest of the horrible details of the actual committing of the crime are so indelibly impressed upon the child's mind *that she can never possibly forget it.* Instead, to the shock of the crime is added the nervous strain of the legal procedure, to the detriment of her health for life.

The simplest and kindest thing to do in these cases would be to let the child pour out her tale *once* into the ears of the sympathetic woman physician, giving the accused the right of having questions answered. The child then should be sent away from the scenes which would bring the incident again to her mind for sufficient time to let her recover as completely as she may. After

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the child's first appearance in court, the woman physician or someone appointed by the Court should be the child's representative and the case conducted in her absence.

This is not a new principle in law. If for any reason a witness becomes incapacitated at or after the first hearing and the defendant has had full opportunity to cross-examine, a deposition may be used and the witness spared from further appearance in court. This principle should be at once applied to all cases where crime has been committed against children. The damage already done cannot be undone, but the state should spare doing more harm at the earliest possible moment.

As the infant mortality rate is said to be the most sensitive index we possess to the social welfare, so the laws relating to children reflect accurately the social tendencies of the times. Many of our laws for children were enacted years ago. Notably, the laws relating to illegitimate children in New York State were enacted in 1848 and have not been amended since.

Society has radically changed its views about things since many of these laws relating to children were enacted. And the early part of this twentieth century should see a concerted and thorough effort to bring laws for children into harmony with the standards set by modern child welfare. Several states have appointed Children's Code Commissions either by the Governor or by Legislative enactment. The great State of New York should not be far behind in following these excellent examples.

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The aim of society must be that every child now or hereafter born shall be so protected and safeguarded—before he is thought of to the moment of his inception, through the prenatal period, at birth, through infancy and the preschool age, in school and in industry—that at the age of majority the greater portion of those who began life shall possess a good mind in a sound body, the first requisite of a good citizen.—L. A. DE.

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